

STATE EXPERIENCE AND PERSPECTIVES ON REDUCING OUT-OF-WEDLOCK BIRTHS

Final Report

Prepared for:

**Assistant Secretary for Planning and Evaluation
Department of Health and Human Services**

Prepared by:

The Lewin Group, Inc.

Mark W. Nowak
Michael E. Fishman
Mary E. Farrell

February 2003

STATE EXPERIENCE AND PERSPECTIVES ON REDUCING OUT-OF-WEDLOCK BIRTHS

Final Report

Prepared for:

The Assistant Secretary for Planning and Evaluation

Department of Health and Human Services

Prepared by:

The Lewin Group, Inc.

Mark W. Nowak

Michael E. Fishman

Mary E. Farrell

February 2003

Table of Contents

ACKNOWLEDGMENTS

EXECUTIVE SUMMARY	i
A. BACKGROUND AND PURPOSE OF STUDY.....	i
B. TRENDS IN NONMARITAL CHILDBEARING.....	i
C. KEY FINDINGS.....	ii
1. Overview of State Activities.....	ii
2. Experiences of Study States.....	iii
I. INTRODUCTION	1
A. BACKGROUND AND PURPOSE OF STUDY.....	1
B. APPROACH TO COLLECTING INFORMATION.....	2
C. STRUCTURE OF THE REPORT	3
II. OVERVIEW OF EFFORTS TO REDUCE NONMARITAL BIRTHS	4
A. TRENDS IN NONMARITAL CHILDBEARING.....	4
1. Changes in Birth Rates and Number of Married Women.....	4
2. Nonmarital Childbearing and Age.....	5
B. OVERVIEW OF STATE EFFORTS.....	6
1. Efforts to Serve Teens.....	6
2. Efforts to Serve Adults.....	10
3. PRWORA / TANF Policies Aimed at Reducing Nonmarital Childbearing.....	11
III. EXPERIENCES OF STUDY STATES SINCE THE PASSAGE OF PRWORA	17
A. CHARACTERISTICS OF STUDY STATES.....	17
B. TRENDS IN NONMARITAL CHILDBEARING IN STUDY STATES.....	20
C. SUMMARY OF EFFORTS AMONG THE STUDY STATES.....	20
1. Efforts Serving Teens.....	21
2. Efforts Serving Primarily Adults.....	23
3. PRWORA / TANF Policies Aimed at Reducing Nonmarital Childbearing.....	25
D. KEY FINDINGS.....	26
1. Funding for Nonmarital Birth Prevention Activities Has Increased.....	26
2. Prevention Policies Focus Primarily on Teens.....	27
3. States Emphasize Community Involvement.....	28
4. Inter-Agency Collaboration has Increased.....	29
5. States Face Difficulties Serving Some Populations.....	30
6. States Concerned about Future of Nonmarital Pregnancy Prevention Funding	30
IV. ROLE OF THE ILLEGITIMACY BONUS IN SHAPING POLICY	32
A. INTRODUCTION.....	32
B. EXPERIENCES OF STUDY STATES.....	33
V. CONCLUSIONS	40
A. OVERVIEW OF STATE ACTIVITIES.....	40
B. EXPERIENCES OF STUDY STATES.....	40
REFERENCES	43

Acknowledgments

Work on this project was conducted by The Lewin Group with funding from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE).

We wish to thank Kelleen Kaye, the ASPE project officer, for refining the scope and providing ongoing direction for the project. For providing assistance in profiling state policy environments, we thank Susan Golanka from the National Governors' Association (NGA), Kathryn Dyjak and Elaine Ryan from the American Public Human Services Association (APHSA), and Jennifer Henry and Andrea Kane from the National Campaign to Prevent Teen Pregnancy. We thank APHSA, as well, for providing contact information for state officials.

For providing access to published and unpublished survey data and results, we thank Justin Jager and Dick Wertheimer of Child Trends, Wendy Chavkin and Diana Romero of the Center for Population and Family Health of Columbia University, and APHSA.

We wish to thank Michele Ozumba, of the Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) for her input regarding nonmarital birth activities and policies in Georgia.

Finally, we wish to thank the officials from each of the nine study states for participating in the panel discussions and follow-up calls, for providing written detail regarding state programs, and for reviewing the discussion summaries.

The opinions, conclusions, and any errors remaining in this report are the sole responsibility of the authors, and do not represent the official views of the U.S. Department of Health and Human Services, state officials, or The Lewin Group.

Executive Summary

A. Background and Purpose of Study

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 replaced the Aid to Families with Dependent Children (AFDC) entitlement program with the Temporary Assistance for Needy Families (TANF) block grant program. In addition to moving people to self-sufficiency by promoting job preparation, work, and marriage, a major goal of TANF is reducing out-of-wedlock pregnancies. As TANF reauthorization is discussed in 2002, an important topic of ongoing discussions is whether TANF is meeting the goals set out in PRWORA, particularly the goals related to family formation.

To help provide information on states' experiences related to the goal of reducing nonmarital births, and the factors that helped shape state policies, this study examines, in two parts, state perspectives and experiences regarding nonmarital birth policy since the passage of PRWORA. This includes the role, if any, of the availability of the "illegitimacy bonus" on shaping state policy.

The first part of this report provides a general overview of what we currently know regarding state efforts to reduce nonmarital births. We collected this information from relevant literature, surveys, media reports, and other sources. While these sources provide a reasonably thorough description of state activities, we emphasize that they do not constitute a comprehensive or authoritative inventory of states' activities. Rather, they provide a sense of how states have sought to reduce nonmarital childbearing.

The second part provides detailed information about the experiences of a diverse sample of nine states (study states), gathered through a series of phone interviews and follow-up calls with representatives from TANF, health and other relevant agencies in the states (study states). The selected states—Alabama, Arizona, Georgia, Maryland, Massachusetts, Minnesota, New York, Pennsylvania, and Wyoming—included three bonus recipient states ("bonus" states) and six non-recipient states ("non-bonus" states).

This effort is intended to answer to two primary research questions:

- What experiences have states had in their efforts to reduce out-of-wedlock childbearing since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which authorized the TANF program?
- What challenges and factors helped shape state efforts to reduce nonmarital births? What role, if any, did the illegitimacy bonus play?

B. Trends in Nonmarital Childbearing

Nationally, the percent of births that are nonmarital has increased substantially over the last 30 years, from about 11% in 1970 to about 33% in 1994, where it has remained relatively unchanged since that time (Ventura and Bachrach, 2000; Martin et al., 2002). Underlying this

trend are sizeable shifts in the birth rates and the population sizes of both married and unmarried women.

Since 1970, birth rates for unmarried women have nearly doubled, while birth rates for married women have declined by one-third (Ventura and Bachrach, 2000; Martin et al., 2002). At the same time, the number of unmarried women ages 20-29 (the age group that accounts for the majority of childbearing) nearly tripled while the number of married women of the same age shrunk by one-third (Ventura and Bachrach, 2000; U.S. Census Bureau 1999 and 2000). These shifts produced a growing population of unmarried women having children at an increasing rate and a shrinking group of married women having children at a slowing rate, resulting in the substantial increase in the percent of nonmarital births.

Nonmarital childbearing is primarily a phenomenon of youth. In 2000, nearly 80% of all teen births were nonmarital, a proportion that has nearly tripled since 1970, when the figure was 30%. Nonmarital childbearing is also prevalent among women in their early 20s (i.e., ages 20-24) for whom, in 2000, 50% of births occurred outside marriage. The percentages of births that are nonmarital are substantially lower among women in their late 20's and older. In 2000, only one-quarter of births to women ages 20-25 were nonmarital, and for women in their early 30s, the percentage was just under 15%.

C. Key Findings

This section summarizes key findings from both the overview of state activities and from the discussions with study states.

1. Overview of State Activities

- **A majority of states have taken advantage of most welfare provisions intended to reduce nonmarital births.**

Nearly all eligible states and territories (53) have applied for, and received, Title V Section 510 abstinence education funds. The large majority of states (39) have eliminated all three of the two-parent rules (i.e., the 100-hour rule, the 30-day waiting period, and the work history rule), which some critics have said discourage marriage among couples for whom the application of such rules would hurt eligibility for benefits. About half of states (23) have implemented family caps, and about half (24) have linked TANF and pregnancy prevention programs.

- **State TANF expenditures for pregnancy prevention and two-parent family formation activities have been modest.**

Just more than half of states (28) spent some portion of federal TANF and state MOE funds for pregnancy prevention activities, and about one-quarter of states (13) spent some portion of these same funds for two-parent family formation activities. State expenditures for pregnancy prevention and two-parent family formation activities averaged 0.4 % and 0.5%, respectively, of federal TANF and state MOE spending. The proportions in individual states ranged considerably, from 0% to 21%.

- **State generally emphasize programs for teens (rather than adults).**

All but one state have applied for, and received, Title V Section 510 abstinence education funds. Just more than half of all states (29) reported policies requiring or encouraging school-based pregnancy prevention programs, and 26 states offer youth development initiatives. Among services offered to adults, the most prevalent include improving access to contraceptive services (33 states) and efforts to encourage abstinence before marriage (14 states).

2. Experiences of Study States

- **Funding for nonmarital birth prevention activities has increased.**

In addition to efforts authorized under PRWORA, all nine states report that increases in other efforts have been linked to the availability of TANF and Title V Section 510 (abstinence education) funding. As caseloads have declined while grant amounts have remained unchanged, states have used some portion of their available TANF funding to increase efforts aimed at reducing nonmarital and teen pregnancies.

- **States have access to and prioritize program models that focus on teens and males.**

Officials in a number of states say they emphasize teen births more than adults births because the very large majority of teen births occur out-of-wedlock, the teen population is relatively easy to reach through existing links to program providers, and because states have generally had success in building consensus around the goal of teen pregnancy prevention. All but one state (Arizona) engage in one or more efforts to develop and deliver programs to males designed to decrease the likelihood of fathering a child out of wedlock. Some states are interested in providing additional pregnancy prevention services to adults, but lack access to effective and acceptable models.

- **All nine states report operating CBO grant programs or otherwise working with CBOs in the delivery of nonmarital and teen pregnancy prevention policy.**

Six states administer the Title V Section 510 abstinence education program in full or in part through grants to CBOs, and six states administer CBO grants for other pregnancy prevention programs; nearly all states report increased collaboration with local communities and CBOs to develop and deliver nonmarital and teen pregnancy prevention policies. Among states that have developed new partnerships with communities and community-based organizations (primarily through request-for-proposal and bid processes to design and implement abstinence education programs), state agencies have expanded their roles as providers of technical assistance and shrunk their roles as providers of direct services. A number of states remarked that this shift has posed a challenge in some instances.

- **Most states report increased levels of inter-agency collaboration in both policy and implementation activities.**

Officials in six states reported such collaborations, with some TANF agency and health departments engaging in early collaboration to identify and/or develop policies administered through the health department (and other agencies) to reduce nonmarital childbearing. In a

number of states, TANF agency staff receive training regarding availability and eligibility rules for support services provided through other agencies.

- **States face difficulties serving some populations.**

In two states with large rural populations (New York and Pennsylvania), officials report that serving the entire non-urban population can be expensive. Pennsylvania also reported that providing services to state residents with disabilities is a challenge because of the broad diversity of underlying impairments, requiring the development of unique outreach and service programs for each type of impairment.

Officials in Alabama and Minnesota said that linking first-generation immigrant families with needed services can be a challenge because parents in such families typically are not citizens and are therefore not covered by Medicaid. Language barriers within this population also inhibit program delivery.

- **Some states suggest that their level of effort will likely decline in the near future because of shrinking budget revenues.**

Officials in three states (Georgia, Massachusetts, and New York) said budget shortfalls threaten expenditures for pregnancy prevention programs. Maryland officials said program costs have risen over the past few years, but agency budgets have not increased proportionately. Declining teen pregnancy rates also threaten funding, as the perceived need for pregnancy prevention programs declines.

- **It is unclear to what extent states might have increased pregnancy prevention efforts (excluding those efforts explicitly linked to PRWORA or TANF, such as Title V Section 510 abstinence education, family cap policies, and statutory rape education) regardless of the passage of PRWORA.**

Three states (Maryland, Massachusetts and New York) convened pregnancy prevention task forces and/or implemented teen pregnancy prevention initiatives following the passage of PRWORA. Officials in these states, however, indicated that much of the work leading up to these efforts was initiated prior to the passage of the law, and reflects their respective states' long-standing efforts to reduce teen pregnancy rates.

Substantial efforts to reduce teen and unintended pregnancy were underway in many of the states prior to welfare reform. For example, competitive grant programs to support community-based teen pregnancy prevention programs were underway in Massachusetts and New York prior to welfare reform, and reductions in rates of teen and unintended pregnancy have been ongoing priorities for many state health departments.

While all study states provide access to family planning services for both teens and adults, most states did not identify a link between the existence of these programs, or increases in efforts to deliver program services, and passage of PRWORA.

- **Officials in nearly all study states said that potential availability of the bonus had little, if any, impact on state efforts to reduce nonmarital childbearing, and among study**

states receiving the bonus, only one of three directed bonus funds toward nonmarital pregnancy prevention activities.

Many state officials perceive the bonus outcome measure as either inappropriate or relatively difficult to influence, or both, discouraging attempts to do so. Because the bonus is non-recurring, states that win cannot, with confidence, plan to include future bonuses in the state budget. This limits the ability of states to develop long-term programmatic or staffing plans linked to bonus receipt.

Officials in two states said that the impact of bonus receipt was diminished because the respective state legislatures did not dedicate bonus funds toward nonmarital pregnancy prevention activities, thus reducing the motivation of state agencies to expand programs and pursue further bonus receipt.

I. Introduction

A. Background and Purpose of Study

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), passed in 1996, reformed welfare and replaced the Aid to Families with Dependent Children (AFDC) entitlement program with the Temporary Assistance for Needy Families (TANF) block grant program. Among its purposes, which include providing cash and other assistance to ensure that children receive proper care, and helping move people to self-sufficiency by promoting job preparation, work, and marriage, a major goal of TANF is reducing out-of-wedlock pregnancies.¹ PRWORA emphasizes serving teens, directing the Secretary of the Department of Health and Human Services (HHS) to implement a national strategy for reducing nonmarital births to teens.

PRWORA requires that each state include in its state plan a strategy for reducing out-of-wedlock pregnancies, including numerical goals. In addition to requiring states to develop policies aimed at reducing out-of-wedlock births, PRWORA authorized the Bonus to Reward Decrease in Illegitimacy Ratio (“illegitimacy bonus”), a provision intended to motivate states to pursue nonmarital birth prevention programs. This provision awarded up to \$25 million in each of fiscal years 1999 to 2002 to as many as five states showing the largest reduction in nonmarital births.²

As TANF reauthorization is discussed in 2002, an important topic of ongoing discussions is whether TANF is meeting the goals set out in PRWORA, particularly the goals related to family formation. To help provide information on states’ experiences related to the goal of reducing nonmarital births, and the factors that helped shape state policies, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within HHS contracted with The Lewin Group (Lewin) to examine state perspectives and experiences regarding nonmarital birth policy since the passage of PRWORA.

Specifically, we were asked:

- to provide a general overview of what we currently know regarding state efforts to reduce nonmarital births; and
- to convene a series of panel discussions with a diverse sample of nine states to gain more detailed information about activities within those states.

¹ PRWORA specifies four purposes of the TANF program: “1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; 2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; 3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and 4) encourage the formation and maintenance of two-parent families” (42 USC 601).

² Awards were also contingent on each state’s abortion rate remaining below its 1995 rate. Eligibility was based on the ratio of nonmarital to total births for the most recent two-year period compared to the prior two years. Births were measured among the entire population and states were ranked by the proportional decrease in this measure. For additional details on the methodology used for calculating the illegitimacy ratio, refer to the regulations governing the award of the illegitimacy bonus (45 CFR 283).

Information gathered during the research and discussions is intended to answer the project's two primary research questions:

- What experiences have states had in their efforts to reduce out-of-wedlock childbearing since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which authorized the TANF program?
- What challenges and factors helped shape state efforts to reduce nonmarital births? What role, if any, did the illegitimacy bonus play?

B. Approach to Collecting Information

In developing the overview of state efforts to reduce nonmarital births, we relied on information from a variety of sources, including Health Resources and Services Administration (HRSA) and other HHS reports, state TANF plans, the literature on PRWORA and its implications for state and federal nonmarital birth policy, media reports describing efforts of states to reduce nonmarital births, and state TANF program expenditure data. We also reviewed information from three surveys of state health and welfare program administrators, conducted by Child Trends, the American Public Human Services Association (APHSA), and the Center for Law and Social Policy (CLASP), respectively.³ While these sources provide a reasonably thorough description of state activities, we emphasize that they do not constitute a comprehensive or authoritative inventory of states' activities. Rather, they provide a sense of how states have sought to reduce nonmarital childbearing.⁴

To gather more detailed information regarding state activities and experiences, we conducted a series of phone interviews and follow-up calls with representatives from TANF, health and other relevant agencies in nine states (study states). In selecting the states, we sought diversity across a number of characteristics, including nonmarital birth ratio, geographic location, population characteristics (i.e., size, age, race, and ethnicity), whether the state was a recipient of the illegitimacy bonus, and policy environment.⁵ The selected states—Alabama, Arizona, Georgia, Maryland, Massachusetts, Minnesota, New York, Pennsylvania, and Wyoming—included three bonus recipient states (“bonus” states) and six non-recipient states (“non-bonus” states). (Study

3 The Child Trends survey of officials in state health and welfare agencies gathered information regarding local and state efforts to discourage nonmarital childbearing (Wertheimer et al., 2000). Published results from the survey are for the 50 states. For this review, Child Trends provided unpublished data for the District of Columbia. The APHSA survey of human service administrators gathered information on efforts to design TANF policy or use TANF funds to reduce nonmarital births or incidence of teen pregnancy, and examples of how abstinence education funds have been used to reduce nonmarital births (APHSA, 1999). The CLASP survey of state family planning administrators inquired about links and interactions between family planning programs and welfare agencies, such as providing welfare staff basic reproductive health training and encouraging staff to refer clients for family planning services (Hutson and Levin-Epstein, 2000).

4 Because our effort is not intended as a comprehensive review of activities, we did not contact states directly to verify, update, or learn more about state activities. We do not know the extent to which the activities described in the overview have been suspended, terminated, expanded, or otherwise modified.

5 Policy environment characteristics include type and number of nonmarital birth prevention policies and activities, population served by policies and programs, and funding levels.

states, and their characteristics, are discussed in more detail in *Chapter III* and are summarized in *Exhibit 3.1*.) We emphasize that activities within the study states are not necessarily representative of efforts in other states.

A copy of the Discussion Guide used during the phone interviews, and summaries of the discussions held with each state, are included in the *Appendix*.

C. Structure of the Report

This report comprises five chapters. In *Chapter I*, we introduce the study, and provide background information. In *Chapter II*, we lead with a discussion of nonmarital childbearing trends, and we review efforts in the 50 states (and the District of Columbia) to reduce nonmarital childbearing. In *Chapter III*, we provide detailed information about the characteristics, environment and experiences of the nine study states, including nonmarital childbearing trends, state activities, challenges to program design and implementation, and changes in agency roles and collaboration. In *Chapter IV*, we discuss the role of the illegitimacy bonus in shaping policy. In *Chapter V*, we offer a few conclusions about the role of PRWORA in influencing nonmarital birth prevention activities in the states.

II. Overview of Efforts to Reduce Nonmarital Births

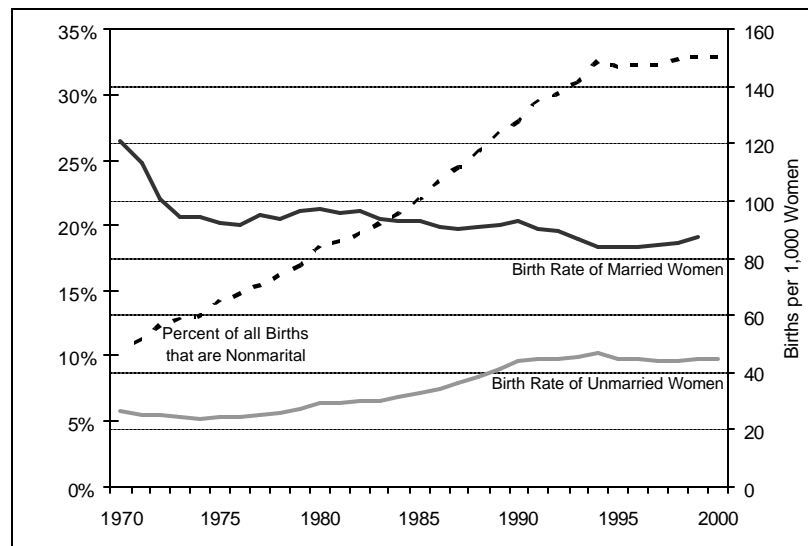
A. Trends in Nonmarital Childbearing

Nationally, the percent of births that are nonmarital has increased substantially over the past 30 years, from about 11% in 1970 to about 33% in 1994, changing little since then (dotted line in *Exhibit 2.1*) (Ventura and Bachrach, 2000; Martin et al., 2002). Underlying this trend are shifts in the birth rates and population sizes of married and unmarried women.

1. Changes in Birth Rates and Number of Married Women

Birth rates (births per 1,000 women) measure the likelihood that a woman will give birth in any year. (Higher birth rates signal higher likelihood.) Since 1970, birth rates for unmarried women have nearly doubled from 26 to 45, while birth rates for married women have declined by one-third from 121 to 87 (*Exhibit 2.1*) (Ventura and Bachrach, 2000; Martin et al., 2002). Important shifts in the population sizes of unmarried and married women have also occurred. Between 1970 and 2000, the number of unmarried women ages 20-29 (the age group that accounts for the majority of childbearing)⁶ nearly tripled, while the number of married women of the same age shrunk by one-third (Ventura and Bachrach, 2000; Census Bureau 1999 and 2000).⁷ Together, these shifts produced a growing population of unmarried women having children at an increasing rate, and a shrinking group of married women having children at a slowing rate.

Exhibit 2.1. Nonmarital Childbearing and Birth Rates by Marital Status, 1970 – 2001⁸



In the exhibit above, the percent of all births that are nonmarital (dotted line) is plotted using the left axis, and the birth rates of married (black line) and unmarried women (grey line) are plotted using the right axis.

⁶ In 2000, women ages 20-29 accounted for 52% of all childbearing (Ventura and Bachrach, 2000).

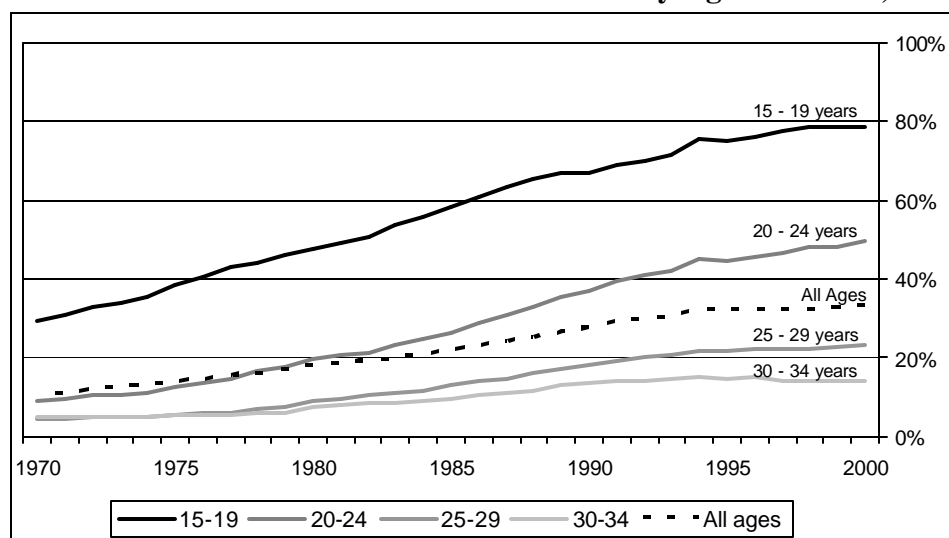
⁷ The substantial increase in the number of unmarried women ages 20-29 is attributed substantially to marriage postponement among the baby boom generation (Ventura and Bachrach, 2000).

⁸ Incomplete reporting of nonmarital births in Michigan and Texas between 1988-89 and 1993 resulted in under-reporting of these births during those years and an artificial increase after 1993. Absent these issues, nonmarital childbearing would probably have peaked more gradually and earlier than 1994 (Ventura and Bachrach, 2000).

2. Nonmarital Childbearing and Age

Nonmarital childbearing is primarily a phenomenon of youth. The percent of births that are nonmarital, plotted by year as a single (dotted) line in *Exhibit 2.1*, is plotted by year and age in *Exhibit 2.2*. The percents for younger women are much higher than the percents among older age groups. In 2000, nearly 80% of all teen births were nonmarital, a proportion that has nearly tripled since 1970, when the figure was 30%. Nonmarital childbearing is also prevalent among teens and women in their early 20s (i.e., ages 20-24) for whom, in 2000, 50% of births occurred outside marriage. This percentage has grown twice as fast for this age group than for teens, increasing by nearly six times since 1970 when only about 9% of births to women in their early 20s were nonmarital. The percentages of births that are nonmarital are substantially lower among women in their late 20's and older. In 2000, only one-quarter of births to women ages 20-25 were nonmarital, and for women in their early 30s, the percentage was just under 15%.

Exhibit 2.2. Percent of Births to Unmarried Women by Age of Mother, 1970 - 2000



In the exhibit above, the percent of all births that are nonmarital for women of all ages (dotted line) is identical to the percent of all births that are nonmarital (dotted line) in *Exhibit 2.1*.

Finally, in 2000, nearly two-thirds of nonmarital births were to women younger than 24, with about 27% of such births to teens and 37% of such births to women in their early 20s (National Center for Health Statistics, 2002). Increases in *birth rates* among unmarried women are also linked to youth. Over the past 30 years, the birth rates of unmarried women in their teens and early 20's have risen 13% and 28% faster than birth rates among unmarried women in older age groups.⁹

⁹ Notably, however, in recent years nonmarital birth rates for teens have changed direction, declining nearly 15% since their peak in 1994. Teens are the only age group for which this is true. (In addition to the decline in the birth rate for unmarried teens, birth rates for *all* teens (married and unmarried) have declined during this period, as well, dropping by 17% between 1994 and 2000 (Martin et al., 2001)). Nonmarital birth rates for all other age groups have increased since 1994 (when rates for teens began their current decline), but only slightly, with increases ranging from about 1% to 6% (Ventura and Bachrach, 2000; Martin et al., 2002).

B. Overview of State Efforts

In this section, we summarize information from several sources regarding state efforts to reduce nonmarital childbearing. We review activities for teens first followed by activities focusing primarily on adults. We conclude with a discussion of TANF provisions related to reducing nonmarital childbearing.

1. Efforts to Serve Teens

*a. Abstinence Education*¹⁰

Section 510 of Title V of the Social Security Act, created under Section 912 of PRWORA, established a new categorical program of grants to states for abstinence education. Its purpose is to enable states to support abstinence education and, at the option of states, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity with a focus on those groups most likely to bear children out-of-wedlock. Programs funded under Title V Section 510 must meet eight specific criteria.¹¹ The law provides for a mandatory annual appropriation of \$50 million for each of the fiscal years 1998 through 2002. Grants are awarded to the states based on a statutory formula determined by the proportion that the number of low-income children in the states bears to the total number of low-income children for all states. Grant applications are accepted only from the state health agency responsible for the administration (or supervision of the administration) of the Maternal and Child Health Services Block Grant (Title V Section 510), with funds dispersed at the discretion of the governor unless otherwise established under state law or judicial precedent. There is a required match of three non-federal dollars for every four federal dollars awarded. If a state chooses not to apply for a grant, the state's allocation is returned to the treasury and is not available for redistribution among the remaining states (42 USC 710). Title V Section 510 is administered by the Maternal and Child Health Bureau (MCHB), a component of the Health Resources Services Administration within the Department of Health and Human Services. State maternal and child health agencies have local responsibility for Title V Section 510 administration.¹²

In addition to the Title V Section 510 program, the federal government recently created a Community-Based Abstinence Education Grant Program that provides grants to communities for

¹⁰ We include abstinence education programs in this section because such programs typically serve teens. The programs include service to adults in some states.

¹¹ Abstinence education is defined in the law as an educational or motivational program that: “(a) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity; (b) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children; (c) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems; (d) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity; (e) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects; (f) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society; (g) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and (h) teaches the importance of attaining self-sufficiency before engaging in sexual activity” (42 USC 710).

¹² This description of the Title V Section 510 program appears in HRSA (2002b).

implementing and planning abstinence education programs. This program, which does not require a state match, was not authorized under PRWORA but was created through the Special Programs of Regional and National Significance (SPRANS) and administered by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA). To date, communities in 35 states have received these grants, and grants totaled about \$19.9 million in 2002. Grant recipients have included health departments, schools, hospitals, community-based abstinence education contractors, CBOs, and faith-based organizations (HHS News, 2002; HRSA News, 2001).

In 2000, 53 states and territories received Title V Section 510 abstinence education funds, including Guam, Puerto Rico, the Virgin Islands, the District of Columbia and all states except California. Among the programs enacted, 45 states and territories reported operating community-based projects; 43 reported technical assistance and training efforts, 42 engaged in program monitoring efforts; 41 engaged in program evaluations; 39 operated state media campaigns; and 26 formed advisory councils and/or steering committees (HRSA, 2002b).

States and territories provided grants to a range of institutions, including community-based organizations, schools and education boards, youth service organizations, local health departments, faith-based organizations, universities, local coalitions, and nonprofit organizations, among others. The most common local efforts engaged in by these institutions include social skills instruction, character-based education, and assets-building programs (43 states and territories); public-awareness campaigns (39); curriculum development and implementation (39); school-based programs (38); peer mentoring and education efforts (37); and parent education groups (35). Other programs include local media events (34); before- and after-school programs (33); community partnership development, coalition building, and the development of advisory boards (33); adult supervision, mentoring, and counseling efforts (33); and recreational activities (23). The age groups most frequently served are 13-14 year olds (50 states and territories) and 9-12 year olds (49) (HRSA, 2002b).

We summarize by state allocations and grant amounts for the Title V Section 510 Abstinence Education program and the Community-Based Abstinence Education Grant program, respectively, in ***Exhibit 2.3***.

Exhibit 2.3. Title V Section 510 Abstinence Education Allocation and Community-Based Abstinence Education Grants, by State

State	Title V Section 510 Allocation (\$)	Community-Based Grant		State	Title V Section 510 Allocation (\$)	Community-Based Grant	
		Implementation	Planning			Implementation	Planning
Alabama	1,081,058	955,531	100,000	New Jersey	843,071	1,251,231	100,000
Alaska	78,526	281,149		New Mexico	518,368	207,984	
Arizona	894,137	513,953		New York	3,377,584	582,554	
Arkansas	660,004	767,579		North Carolina	1,151,876		
California	5,764,199	255,555	100,000	North Dakota	126,220		
Colorado	544,383	950,010		Ohio	2,091,299	2,138,346	50,000
Connecticut	330,484			Oklahoma	756,837		98,960
Delaware	80,935			Oregon	460,076		
District of Columbia	120,439	763,583		Pennsylvania	1,820,070	255,725	58,671
Florida	2,207,883	2,573,945	99,963	Rhode Island	129,692		
Georgia	1,450,083	1,663,102	130,228	South Carolina	811,757		
Hawaii	131,519			South Dakota	169,578		
Idaho	205,228			Tennessee	1,067,569	1,192,897	178,927
Illinois	2,095,116	800,000		Texas	4,922,091	752,224	97,550
Indiana	857,042			Utah	325,666		
Iowa	424,908	739,012		Vermont	69,855		
Kansas	391,185		100,000	Virginia	828,619		71,104
Kentucky	990,488	363,497		Washington	739,012	391,000	
Louisiana	1,627,850		73,244	West Virginia	487,536		
Maine	172,468			Wisconsin	795,859		
Maryland	535,712			Wyoming	80,935		
Massachusetts	739,012		100,000	American Samoa	44,992		
Michigan	1,899,560	503,615	99,277	Guam	69,495		
Minnesota	613,756			Northern Marianas	42,493		
Mississippi	1,062,752		100,000	Puerto Rico	1,449,018		
Missouri	969,291	133,992		Trust Territories:			
Montana	186,439			Palau	13,501		
Nebraska	246,177	298,620		Micronesia	47,492		
Nevada	157,534			Marshall Islands	21,000		
New Hampshire	82,862			Virgin Islands	136,509		
TOTAL					49,999,100	18,335,104	1,557,924

Note: Title V Section 510 abstinence education program allocation figures are amounts available annually to states between 1998 – 2001. Community-based grant figures are amounts awarded in 2002.

Sources: HRSA (2002a); HHS News (2001); HHS News (2002); HRSA News (2001)

b. Other Pregnancy Prevention Efforts¹³

Just more than half (56%) of all states in 1999 reported having an official policy *requiring* or *encouraging* school-based pregnancy prevention programs (29 states). Note, however, that some states participated in school-based activities even in the absence of such a policy, and pregnancy prevention efforts extended beyond school-based activities in many states, as well. All states engaged in some activities related to teen pregnancy prevention.

¹³ Unless otherwise indicated, this section draws from findings in Wertheimer et al., 2000.

- Youth development initiatives typically provide a variety of targeted services for teens at a single location or through coordinated efforts at a number of participating locations. These services are designed to improve outcomes for youth, including increasing matriculation, improving job readiness, and discouraging high-risk behaviors, including sexual behavior. Twenty-six states reported providing youth development or young adult education and employment programs.¹⁴ Services provided vary by state, and include tutoring and mentoring programs; access to primary, mental, and reproductive health services; recreational activities; career counseling and preparation; life skills; community service activities; job search assistance; and parenting classes.
- Most states (37) engaged in media campaigns designed to discourage teen pregnancy.
- Just under half of states (22) developed multi-agency plans to reduce teen pregnancy (22 states), and just more than half of states (27) operated state coalitions or multi-agency task forces on pregnancy prevention.
- Many states report providing both information about contraception and access to contraceptive services. The large majority of states (45) operated programs that provided access to contraceptive services, while just fewer than half of all states (24) engaged in school-based programs that provide information about contraception.

c. State Spending for Teen Pregnancy Prevention

States use federal, state, local and private funds for teen pregnancy prevention activities. Data on expenditures from state funds only appear in *Exhibit 2.4*. Teen pregnancy prevention budget data for 1997 and 1999 from 29 states show that state spending per teen female in 1999 ranged from a low of one dollar or less in nine states (Colorado, Florida, Kansas, Missouri, North Dakota, Nebraska, Nevada, South Dakota, and Vermont) to a high of \$179 (California). Between 1997 and 1999, 13 states reported declines in spending, 12 states reported increases in spending, and spending in four states remained unchanged..

¹⁴ Information for seven states (i.e., Arizona, California, Idaho, Kentucky, Nebraska, New Hampshire, and Utah) was not available.

Exhibit 2.4. Teen Pregnancy Prevention Budgets among States Reporting, Sorted by 1999 Budget per Teen Female (1997 and 1999)

State	Teen Pregnancy Prevention Budget Total (State Funds– Excludes Federal Dollars) (\$)		Teen Pregnancy Prevention Budget Per Teen Female (\$)		Change Per Teen Female (\$)	Change Per Teen Female (%)
	97	99	97	99	97-99	97-99
California	78,700,000	200,000,000	78	179	101	129.5
Massachusetts	4,320,000	13,650,000	24	71	47	195.8
Louisiana	2,276,678	10,860,000	13	59	46	353.8
Delaware	2,030,957	1,223,000	43	48	5	11.6
Maryland	3,364,288	4,900,000	22	29	7	31.8
Ohio	13,000,000	12,000,000	33	29	-4	-12.1
Washington	1,200,000	5,358,989	6	25	19	316.7
Idaho	254,587	803,000	5	15	10	200.0
Minnesota	1,150,000	2,610,000	7	14	7	100.0
Texas	4,777,107	10,600,000	7	14	7	100.0
Kentucky	1,003,000	1,500,000	7	11	4	57.1
Wisconsin	2,094,424	2,200,000	11	11	0	0.0
Georgia	3,500,000	2,906,900	14	10	-4	-28.6
Connecticut	1,941,250	1,052,000	20	10	-10	-50.0
Utah	793,413	834,539	8	8	0	0.0
Indiana	1,600,000	1,600,000	8	7	-1	-12.5
Iowa	1,060,000	508,000	10	5	-5	-50.0
Arizona	3,270,000	850,000	22	5	-17	-77.3
Mississippi	0	400,000	0	4	4	*
Hawaii	100,000	154,866	3	4	1	33.3
New Jersey	1,100,000	1,100,000	5	4	-1	-20.0
Virginia	5,692,011	850,000	26	4	-22	-84.6
Florida	11,481,494	507,671	13	1	-12	-92.3
Nebraska	0	30,000	0	0	0	0.0
Nevada	0	0	0	0	0	0.0
Colorado	1,109,784	0	8	0	-8	-100.0
Kansas	522,000	0	5	0	-5	-100.0
Missouri	300,000	0	2	0	-2	-100.0
Vermont	249,000	0	12	0	-12	-100.0
Totals	146,889,993	276,498,965	8.03	8.09	--	--
Median Increase/(Decrease)					7.00/(5.00)	

Source: Wertheimer et al. (2000).

2. Efforts to Serve Adults

As of 1999, states generally had implemented fewer programs to reduce nonmarital childbearing targeting adults rather than teens.

Among those programs that have been implemented, the most prevalent in 1999 were:

- Efforts to improve access to contraceptive services (33 states);
- Media campaigns discouraging adults from having children out-of-wedlock (18 states).

Just under one-third of states (14) reported providing programs that encourage adults to remain abstinent before marriage. Among states promoting abstinence before marriage, the majority also reported engaging in activities to increase access to contraceptive services. Three states (Georgia, North Dakota and Tennessee) reported operating programs encouraging couples experiencing a pregnancy to marry (Wertheimer, 2000).

3. PRWORA/TANF Policies Aimed at Reducing Nonmarital Childbearing

PRWORA influences nonmarital childbearing policies in at least two ways. First, TANF's flexible block grant structure, authorized under PRWORA, permits states to use federal and state maintenance of effort (MOE) TANF funds for a range of activities, including pregnancy prevention and two-parent family formation activities (*Exhibit 2.5*).¹⁵ According to expenditure data reported by states to HHS, spending by states to support such activities have been modest, with states spending an average of approximately 0.4% of total federal and state funds on pregnancy prevention activities, and 0.5% of such funds on two-parent family formation activities.¹⁶ The range of spending, however, varies considerably. Just more than half (28) of states spent some portion of federal and state MOE funds for pregnancy prevention activities. Of these, 17 spent less than 1%, eight spent between 1% and 3%, and three spent approximately 5% or more. About one quarter (13) of states spent some portion of federal and state MOE funds for two-parent family formation activities. Of these, four spent less than 1%, five spent between 1% and 3%, and four spent 5% or more (Administration for Children and Families, 2000).

Second, specific provisions within PRWORA aimed at influencing nonmarital childbearing. Included in these are provisions within the law that require that states implement tougher paternity establishment and child support enforcement activities. Also included are a variety of provisions established within TANF. Among these, the law requires that states implement education and training programs for members of law enforcement, school staff, and counseling professionals to identify and prevent statutory rape. The law also gives states latitude to modify or maintain certain existing welfare policies and to develop others, some of which are likely to have a direct or indirect affect on nonmarital birth rates among welfare recipients. These include implementing or continuing family cap policies, eliminating or maintaining benefit eligibility differences for single- and two-parent families, and linking TANF with pregnancy prevention services. Finally, PRWORA authorized the illegitimacy bonus, which provided rewards to up to five states for reductions in nonmarital childbearing.

With the exception of the abstinence education program funded under Section 510 of Title V and the illegitimacy bonus, which we discussed earlier in this chapter under *Efforts to Serve Teens*,

¹⁵ The MOE provision within TANF is a cost-sharing requirement to ensure that states contribute a minimum amount of their own money toward activities consistent with the objectives of TANF. The required MOE amount varies by state, and is a percentage of the states' expenditures on AFDC and AFDC-related programs in 1994. The MOE amount differs between those states meeting and those states not meeting the minimum work participation requirements for that fiscal year (Administration for Children and Families).

¹⁶ Total federal TANF and state MOE expenditures (for 2000) were \$22.6 billion. Expenditures for pregnancy prevention activities totaled \$102 million ($\$2,260 \text{ million} \div \$102 \text{ million} \approx 0.4\%$), and expenditures for two-parent family formation totaled \$113 million ($\$2,260 \text{ million} \div \$113 \text{ million} \approx 0.5\%$).

and the illegitimacy bonus, which we discuss in *Chapter 4*, we describe each of these provisions below.

a. Child Support and Paternity Establishment Enforcement

Strict child support and paternity establishment enforcement raises the costs of fathering children outside marriage, and can discourage nonmarital pregnancies and births. To help achieve this objective, and to protect the health and welfare of children born out-of-wedlock, PRWORA continues the requirement under AFDC that states must sanction recipients who do not cooperate with the child support agency to establish paternity. The sanction can range from 25% to 100% of the grant (42 USC 608). PRWORA also requires states, within their respective paternity establishment programs, to require employers to report new hires to locate employees with unpaid child support orders, and establish computerized state-wide collection efforts. States that do not comply substantially with the child support enforcement provisions contained within PRWORA may be sanctioned. State quarterly grants may be reduced by no more than 1% for the first quarter of non-compliance, and by no more than 5% for states that accumulate three or more quarters of non-compliance (42 USC 609). Each of the states has implemented child support and paternity establishment enforcement policies as required under PRWORA (OCSE, 1998).

b. Education and Training on Statutory Rape Prevention

The law requires that states implement education and training programs for members of law enforcement, school staff and administrators, and counseling professionals to identify and prevent statutory rape so that teenage pregnancy prevention programs may be expanded in scope to include men (42 USC 602). Each of the states has implemented such efforts.

c. Family Cap Policies

Family cap policies vary by state, but they generally do not allow for increases in the amount of the benefit provided to a family for additional children born while on welfare. Typically, the goals of family cap policies are to reduce births to families on welfare (which are overwhelmingly nonmarital), and to lower costs of assistance (by deferring or preventing increases in the size of the assistance unit.) PRWORA includes no explicit provision regarding family caps. However, states are not prohibited from adopting family caps and, in fact, 23 states have implemented some type of family cap policy (Stolzfus et al., 2000) (*Exhibit 2.5*).

Most states with family cap policies provide no increase in welfare benefits for additional children conceived after the mother has begun receiving welfare. A handful of states provide an increase in benefits for increases in family size, although the increase is smaller than families would have received had the children been conceived before the family began receiving welfare. For example, two states—Connecticut and Florida—provide a reduced benefit for additional children. Four states—Arizona, Delaware, New Jersey, and Massachusetts—disregard more earned income, calculate benefits using a higher standard of assistance, or maintain eligibility at higher income for families subject to the cap. Two states—Idaho and Wisconsin—offer a flat grant that is not based on family size (Stolzfus et al., 2000).

d. Two-Parent Family Policies

Under AFDC, two-parent families who received AFDC benefits for unemployed parents (AFDC-UP) were subject to three requirements:

- the 100-hour rule, which restricted eligibility for AFDC-UP to those families in which the principal earner worked fewer than 100 hours per month;
- the 30-day waiting period, which restricted eligibility to families in which the principal earner had been unemployed for at least 30 days; and
- the work history rule, in which AFDC-UP applicants had to have worked in six or more quarters.

Some critics of these rules believed they discouraged marriage among couples for whom the application of the rules would hurt eligibility for benefits. PRWORA provides states with the flexibility to abolish the AFDC-UP requirements (45 CFR 233), thus eliminating a potential disincentive to marriage. As of 2000, 39 states had eliminated all three rules. Of the 12 states that kept at least one rule, all but South Dakota kept the work history rule. Five states—the District of Columbia, Maine, Mississippi, New Hampshire, and Tennessee—have retained all three rules (Urban Institute, 2000) (*Exhibit 2.5*).

e. Linking TANF and Pregnancy Prevention Services

There are a number of collaborative efforts between state welfare offices and state family planning agencies. In 1999, 24 states had developed systems to refer welfare recipients for family planning services, and 14 states had established delivery of both family planning and welfare services in one office. In 20 states, family planning agency staff have trained welfare staff to perform a range of services, including collecting information to identify family planning needs, providing referrals for family planning services, and providing information and answering questions about contraceptive methods and availability (*Exhibit 2.5*). Among the states that link services, seven (Arkansas, Delaware, Georgia, Kentucky, Montana, North Dakota, and Washington) have co-located services, established referral systems, and provided training for welfare staff by staff from state family planning offices (Hutson and Levin-Epstein, 2000).

Some states have linked family planning services to TANF receipt through the development of individual responsibility agreements (IRAs).¹⁷ While these agreements typically identify specific obligations for meeting work participation requirements, the agreements can also include other commitments to make decisions that are in the best interest of the family, such as ensuring that children attend school and receive immunizations, or that parents seek out family planning information or services.

¹⁷ PRWORA requires states to conduct assessments of welfare recipients and, at the state's option, to develop individual responsibility agreements (IRAs) that set forth the recipients' responsibilities while receiving benefits.

IRAs in five states include family planning provisions. In Georgia, recipients are required to receive family planning counseling, and in West Virginia, recipients must agree to attend family planning classes if requested to do so. Delaware requires recipients to obtain family planning information from any provider they choose. In two states, recipients are invited to request family planning information (Oklahoma) or family planning services (Iowa). In four states (Indiana, Mississippi, Nebraska, and Wisconsin), recipients are required to acknowledge that the state imposes a family cap on benefits (Levin-Epstein, 1998) (***Exhibit 2.5***).

Exhibit 2.5. TANF Policies and Spending on Pregnancy Prevention and Family Formation

State	Impose Family Caps ^d	Two-Parent Family Policies			Linkages Between Welfare and Pregnancy/Prevention Services ^d			Spending as Share of Total Federal and State MOE (FY 2000) ^e	
		Treat Eligibility for Two-parent and Single-parent Families Similarly ^b	Provide Marriage Incentives ^d	Permit/Require Family Planning in Individual Plan ^d	Co-locate Services	Maintain Referral Systems	Train Welfare Staff	Pregnancy Prevention (%)	Two-Parent Formation (%)
Alabama		X	X		X	X		0.9	0.0
Alaska		X				X	X	1.0	0.0
Arizona	X							0.6	0.0
Arkansas	X	X			X	X	X	1.9	1.4
California	X	X				X		0.0	0.0
Colorado		X			X	X		0.0	0.0
Connecticut	X	X					X	0.3	0.0
Delaware	X	X		X	X	X	X	0.0	0.2
District of Columbia								0.5	0.0
Florida	X	X				X		2.5	2.4
Georgia	X			X	X	X	X	6.1	5.8
Hawaii		X				X		0.0	0.0
Idaho	X	X				X	X	2.0	10.7
Illinois	X	X				X	X	0.1	0.0
Indiana	X			X	X	X		0.0	0.0
Iowa		X		X				0.0	0.0
Kansas		X			X			0.3	0.0
Kentucky					X	X	X	0.1	1.3
Louisiana		X				X		0.3	0.0
Maine			X				X	0.0	0.0
Maryland	X	X					X	0.2	5.7
Massachusetts	X	X				X		0.0	0.0
Michigan		X						0.5	1.0
Minnesota		X	X					0.0	0.0
Mississippi	X		X	X				1.6	0.8
Missouri		X						1.2	0.2
Montana		X			X	X	X	0.0	0.0
Nebraska	X	X		X			X	0.0	0.0
Nevada		X						0.0	0.0
New Hampshire						X	X	0.1	0.0
New Jersey	X	X	X					0.0	0.1
New Mexico		X				X		0.0	0.0
New York		X					X	0.0	0.0
North Carolina	X	X				X		0.1	0.0
North Dakota	X	X	X		X	X	X	0.0	0.0
Ohio		X						0.1	0.0
Oklahoma	X		X	X		X	X	0.0	0.0
Oregon		X						0.0	0.0
Pennsylvania								0.4	0.0
Rhode Island		X						0.0	0.0
South Carolina	X	X			X		X	6.5	0.0
South Dakota								1.0	0.0
Tennessee	X		X			X		0.0	0.0
Texas		X						1.8	0.0
Utah		X					X	0.4	0.0
Vermont		X						0.0	0.0
Virginia	X	X			X			0.8	0.0
Washington		X			X	X	X	0.0	0.0
West Virginia		X	X	X		X	X	4.7	20.8
Wisconsin	X	X		X	X			0.3	1.2
Wyoming	X	X						0.0	0.0
Totals	23	39	9	9	14	24	20	0.4	0.5

Notes for this table are located at the end of *Chapter II*.

Notes for Exhibit 2.5:

- ^{a/} Stoltzfus et al. (2000). States provide total reduction with following exceptions: Connecticut and Florida provide partial benefit increases to families subject to the family cap; Arizona, Delaware, New Jersey, and Massachusetts disregard more earned income, calculate benefits using a higher standard of assistance, or maintain eligibility at higher income for families subject to the cap; Virginia and California allow full pass through of any child support collected for the newborn; Idaho and Wisconsin have a flat grant for families of all sizes.
- ^{b/} The Welfare Rules Database, The Urban Institute (2000). These states eliminated the 100-day rule, 30-day waiting period, and work history rule that previously applied to AFDC-UP families.
- ^{c/} Gardiner et al. (2002). Alabama, Mississippi, North Dakota, and Oklahoma disregard all income of the new spouse for 3 to 6 months. Tennessee and New Jersey disregard income of stepparents (subject to restriction depending upon household need or income). Maine and Minnesota include stepparents in the assistance unit (Maine does so optionally). Oklahoma combines the income of cohabitating couples. West Virginia adds a \$100 marriage incentive payment to the monthly cash benefit of any family that includes a legally married man and woman who live together.
- ^{d/} Levin-Epstein (1998).
- ^{e/} Hutson and Levin-Epstein (2000).
- ^{f/} DHHS/ACF. Represents share of federal TANF grants and State MOE funds expended on pregnancy prevention and two-parent formation activities in fiscal year 2000.

III. Experiences of Study States Since the Passage of PRWORA

A. Characteristics of Study States

As we described earlier, in selecting the study states we reviewed key characteristics of all 50 states (and the District of Columbia), including bonus receipt (i.e., yes or no), incidence and prevalence of nonmarital childbearing, geography (i.e., region), population (i.e., size, age, and ethnicity), and policy environment (i.e., type and number of policies and activities, population served by policies and programs, and funding levels), and we identified nine states exhibiting diversity across these characteristics. We describe the characteristics of the nine states (Alabama, Arizona, Georgia, Maryland, Massachusetts, Minnesota, New York, Pennsylvania, and Wyoming) below. Characteristics of the states are summarized in *Exhibit 3.1*.

- **Geography.** The sample is geographically diverse, and includes states from six of the nine U.S. geographic divisions, as defined by the Census Bureau.¹⁸ The sample includes one New England state (Massachusetts), two Middle Atlantic states (New York and Pennsylvania), two South Atlantic states (Georgia and Maryland), one East South Central state (Alabama), one West North Central state (Minnesota), and two Mountain states (Arizona and Wyoming).
- **Population.** The populations of the states are very diverse, especially regarding size, race and ethnicity. States range in population size from a low of 494,000 (Wyoming), to a high of nearly 19 million (New York). The African American population as a proportion of total population ranges from less than 1% in Wyoming to about 39% in Georgia compared to about 12% nationally. The percentage of the population that is Hispanic or Latino is below the national average (about 13%) in seven states, while New York (15%) and Arizona (25%) are above.¹⁹ The age structures of the nine states are roughly identical, with approximately 75% of each state's population under the age of 18. Nationally, the figure is 74%. These figures are from the 2000 Census (U.S. Census Bureau).
- **Nonmarital Childbearing.** Four of the states' two-year (1998-1999) nonmarital birth ratios (the measure used, in part, to determine bonus eligibility) are at or below the national average of 32.9% (Massachusetts, Minnesota, Pennsylvania and Wyoming), ranging from 25.8% to 32.9%. Five states (Alabama, Arizona, Georgia, Maryland and New York) have nonmarital birth ratios higher than the national average, ranging from 33.7% to 38.6% (National Center for Health Statistics). Of births to teen mothers, the percent that are out-of-wedlock is below the national average (79%) in three states (Alabama, Georgia, and Wyoming) and above in five (Arizona, Maryland, Massachusetts, Minnesota, New York, and Pennsylvania) (Child Trends, 2000). The majority of states' teen birthrates are below the national average of 50 per 1,000 (Maryland, Massachusetts, Minnesota, New York, and Pennsylvania), with rates in three states (Alabama, Arizona, and Georgia) above (Child Trends, 2000).

¹⁸ The nine Census Bureau divisions are: (1) New England, (2) Middle Atlantic, (3) East North Central, (4) West North Central, (5) South Atlantic, (6) East South Central, (7) West South Central, (8) Mountain, and (9) Pacific.

¹⁹ Individuals of Hispanic or Latino origin can be of any race.

- **Spending.** State spending on teen pregnancy prevention exhibits a wide range. Five states spent \$10 or less per teen female in 1999 (Alabama, Arizona, Georgia, Pennsylvania, and Wyoming). Spending in the remaining states ranged from \$14 (Minnesota) to \$71 (Maryland) (Child Trends, 2000). Spending as a share of total federal and state TANF maintenance-of-effort (MOE) expenditures was higher than the national average for three states (Alabama, Arizona and Georgia) for pregnancy prevention activities, and higher than the national average for two states (Georgia and Maryland) for two-parent family formation activities (Administration for Children and Families, 2000).
- **Bonus Receipt.** Three states have received the bonus. Alabama has received the bonus three times (1999, 2000, and 2001), and Massachusetts and Arizona have each received the bonus once (1999 and 2000, respectively) (National Center for Health Statistics).

Exhibit 3.1. Characteristics of Study States

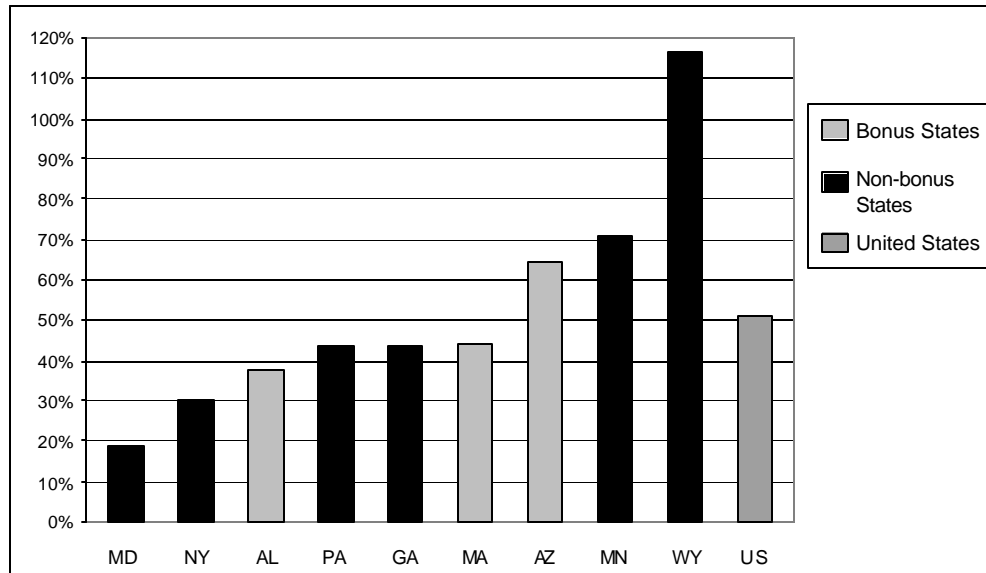
State	Census Region ^{a/}	Population (2000) ^{b/}					Percent of Births to Unmarried Women ^{c/}	Of Births to Teen Mothers, Percent Nonmarital ^{d/}	Teen Birthrate ^{e/} (per 1,000)	Teen Pregnancy Prevention Budget per Teen Female ^{f/}	Spending as Share of Total Federal and State MOE Expenditures (FY 2000) ^{g/}		Bonus Receipt ^{h/}		
		All Ages	18 and Over	Under 18	Black or African American (All Ages) ^{i/}	Hispanic (All Ages)	1998-1999	1999	1999	1999	Pregnancy Prevention	Two-Parent Formation	1999	2000	2001
Alabama	South Central	4,447,100	3,323,678	74.7%	26.0%	1.7%	33.69%	71.0%	63	\$7	0.9%	0.0%	X	X	X
Arizona	Mountain	5,130,632	3,763,685	73.4%	3.1%	25.3%	38.57%	81.0%	70	\$5	0.6%	0.0%		X	
Georgia	South Atlantic	8,186,453	6,017,219	73.5%	28.7%	5.3%	36.37%	78.0%	65	\$10	6.1%	5.8%			
Maryland	South Atlantic	5,296,486	3,940,314	74.4%	27.9%	4.3%	34.62%	90.0%	43	\$71	0.2%	5.7%			
Massachusetts	New England	6,349,097	4,849,033	76.4%	5.4%	6.8%	26.92%	91.0%	29	\$29	0.0%	0.0%	X		
Minnesota	North Central	4,919,479	3,632,585	73.8%	3.5%	2.9%	25.76%	86.0%	30	\$14	0.0%	0.0%			
New York	Middle Atlantic	18,976,457	14,286,350	75.3%	15.9%	15.1%	35.75%	88.0%	37	\$27	0.0%	0.0%			
Pennsylvania	Middle Atlantic	12,281,054	9,358,833	76.2%	10.0%	3.2%	32.89%	90.0%	36	\$8	0.4%	0.0%			
Wyoming	Mountain	493,782	364,909	73.9%	0.8%	6.4%	29.30%	71.0%	40	\$4	0.0%	0.0%			
United States	n/a	281,421,906	209,128,094	74.3%	12.3%	12.5%	32.93%	79.0%	50	n/a	0.4%	0.5%	n/a	n/a	n/a

^{a/} Regional definitions of the U.S. Census Bureau^{b/} U.S. Census Bureau.^{c/} National Center for Health Statistics.^{d/} Child Trends (includes all mothers under age 20).^{e/} Child Trends (includes births to females age 15 - 19).^{f/} Child Trends.^{g/} Administration for Children and Families (represents share of federal TANF grants and State MOE funds expended on pregnancy prevention and two-parent family formation activities in fiscal year 2000).^{h/} Administration for Children and Families.^{i/} Among those identifying one race. (Approximately 98% of respondents to the 2000 Census -- who identified race -- identified one race).

B. Trends in Nonmarital Childbearing in Study States

Trends in nonmarital childbearing between 1985 and 2000 in the nine study states roughly track national trends. The average of the percent of births to unmarried women across the nine states is essentially identical to the figures for the United States as a whole, increasing from about 22% in 1985 to about 33% in 2000 (roughly a 50% increase). Trends within individual states, however, are more varied (*Exhibit 3.2*). Six states experienced increases in nonmarital childbearing below the national average, while three states experienced increases above the national average.

Exhibit 3.2. Increase in Percent of Births to Unmarried Women, Study States and U.S., 1985-2000



The current proportions of nonmarital births also vary considerably from state to state. In 2000, the percent of births to unmarried women ranged from a low of 25.9 in Minnesota to a high of 38.8 in Arizona.²⁰

C. Summary of Efforts Among the Study States

While the nature of state activities to reduce nonmarital births, intensity of effort, and funding levels have differed considerably among the study states since the passage of PRWORA, some common themes are apparent. We found that state efforts to reduce nonmarital childbearing have increased since the passage of PRWORA, and that such efforts are more likely to focus on teens than on adults. We also found that all study states engage in efforts to encourage or even require community involvement, and that most states have made some special efforts to provide services for males.

In this section, we summarize the efforts of the study states. We begin with efforts serving teens, followed by efforts serving primarily adults. We conclude with an overview of the roles of PRWORA and TANF in reducing nonmarital childbearing.

²⁰ For comparison, Utah experienced the lowest proportion of births to unmarried women in the United States at 16.7%, with the District of Columbia experiencing a high of 61.7%.

1. Efforts Serving Teens

In this section, we summarize and briefly describe activities serving teens only. In *Exhibit 3.3*, the upper portion of the table includes major efforts described in this section, and the lower portion of the table provides detail on the activities that typically are provided as components of those efforts. For example, parenting skills, life skills, and mentoring activities are common components of youth development and other initiatives. We provide more detailed descriptions of each state's programs in the *Appendix*.

Exhibit 3.3. Activities Serving Teens Only, by State

Initiatives	State								
	Bonus States			Non-Bonus States					
	AL	AZ	MA	GA	MD	MN	NY	PA	WY
Abstinence education									
Abstinence education (Title V, Sec. 510)	X	X	X	X	X	X	X	X	X
Other abstinence education activities	X	X	X	X	X	X	X	X	X
Youth development initiatives	X			X	X		X	X	
Teen pregnancy prevention initiative(s)	X		X	X			X	X	
Second Chance Homes			X	X					
Efforts to reduce risk-taking behaviors				X	X	X			
Component Activities									
Parenting skills program(s)	X				X	X	X	X	
Life skills/high-risk behavior avoidance program(s)	X		X		X	X	X	X	
Mentoring program(s)			X	X				X	
Tutoring/educational assistance program(s)	X		X	X	X	X	X	X	
Career/vocational training/job readiness program(s)	X		X		X	X	X	X	
Case management program(s)	X			X	X				
Recreational activities				X			X		
^{a/} Application submitted									

a. Abstinence Education

Each of the states has taken advantage of Title V Section 510 funding to establish abstinence education programs, with the programs in eight of the states providing services exclusively to teens while one state, Wyoming, provides abstinence education to both teens and adults.²¹ Six of the states operate the programs through grants to CBOs.

Administration and content vary by state, and include components such as statewide media campaigns, abstinence curricula posted to web sites, and education programs for youth. These programs are delivered in a variety of settings through various providers, such as schools, after-school program sites, hospitals, local health departments, private mental health providers and faith-based organizations. Program components also vary, and include leadership training, character education, tutoring, peer education, career exploration, life skills development, community outreach, mentoring programs, and information regarding the educational and economic consequences of early parenthood as well as coping with the social, physical and psychological factors associated with premarital sexual behavior.

²¹ Because abstinence education programs typically serve teens, we have included such programs in this section.

b. Youth Development Initiatives

Five states, including one bonus state (Alabama) and four non-bonus states (Georgia, Maryland, New York, and Pennsylvania) operate youth development initiatives designed to improve outcomes for high-risk youth by providing a range of comprehensive health, career and social supports. The supports vary by state and include components such as after-school recreational activities, job readiness training, adult and peer mentoring and tutoring programs, life skills education, high-risk behavior avoidance programs, parenting skills education, career counseling, and primary and reproductive health care delivery.²²

c. Teen Pregnancy Prevention Initiatives

Five states, including two bonus states (Alabama and Massachusetts) and three non-bonus states (Georgia, New York, and Wyoming) operate teen pregnancy prevention initiatives, which typically combine one or more youth development components (e.g., life skills training, recreational activities, tutoring and educational assistance and career counseling/job readiness programs) with health services (including access to family planning and pregnancy counseling). For example, Massachusetts's Teen Pregnancy Prevention Challenge Fund provides grants to 17 CBOs to operate programs that target youth ages 10–19 and provide a variety of services including peer leadership programs, mentoring and tutoring models, job and life skills training, reproductive health services and HIV/AIDS²³ and STD²⁴ education. The programs are designed to increase abstinence, delay sexual onset among adolescents, and reduce teen pregnancy rates. Programs administered in other states feature similar approaches and goals.

d. Second Chance Homes

Two states, including one bonus state (Massachusetts) and one non-bonus state (Georgia) operate Second Chance Homes, which provide alternative living arrangements for minor parents and their children.²⁵ Massachusetts's Teen Living Program and Georgia's Second Chance Homes programs provide pregnant and parenting teens who receive TANF assistance but are unable to live with a parent or guardian the opportunity to live in a structured, supportive residential environment. Services include 24-hour adult supervision, pregnancy prevention counseling, family planning services, case management services, child care, job training, and counseling.

e. Efforts to Reduce Risk-Taking Behaviors

Three non-bonus states (Georgia, Maryland, and Minnesota) engage in efforts to discourage risk-taking behavior among youth. These programs feature a range of services and activities,

²² All states provide at least some of these services through a variety of other programs, including male responsibility, abstinence education and pregnancy prevention programs; youth development initiatives provide a comprehensive set of supports through a single program, or through a set of coordinated programs.

²³ Human immunodeficiency virus/Acquired immunodeficiency syndrome.

²⁴ Sexually transmitted diseases.

²⁵ The Teen Living program and similar programs in other states fall under the definition of "second chance home" in the TANF legislation (42 USC 608).

including abstinence education, drug and alcohol prevention education, violence prevention education, suicide prevention education, male involvement education, health and nutrition education and counseling, after school programs, life skills training, and adolescent health and reproductive health services.

2. Efforts Serving Primarily Adults

In this section, we summarize and briefly describe activities that serve primarily adults. (None of the programs identified by the states serves adults exclusively.) In *Exhibit 3.4*, the upper portion of the table includes efforts described in this section, and the lower portion of the table provides detail on the activities that typically are provided as components of those efforts. For example, parenting skills, life skills, and mentoring activities are common home visiting and other initiatives. We provide more detailed descriptions of each state's programs in the *Appendix*.

Exhibit 3.4. Activities Serving Primarily Adults, by State

	State									
	Bonus States			Non-Bonus States						
Initiatives	AL	AZ	MA	GA	MD	MN	NY	PA	WY	
Family planning and reproductive health services	X	X	X	X	X	X	X	X	X	
Family planning Medicaid waivers	X	X			X	X ^{a/}	X			
Home visiting program(s)	X	X	X		X	X	X	X	X	
Male responsibility program(s)	X				X	X	X			X
Component Activities										
Media/public awareness campaigns (except abstinence education)					X		X			X
Parenting skills program(s)	X						X			
Life skills/high-risk behavior avoidance program(s)	X									
Mentoring program(s)										
Tutoring/educational assistance program(s)	X		X		X					
Career/vocational training/job readiness program(s)	X		X		X			X		
Case management program(s)	X			X	X					
^{a/} Application submitted										

a. Family Planning Services and Medicaid Waivers

All states provide family planning and reproductive health services to help ensure access to these services for all residents. A number of states operate special programs or engage in targeted outreach to reach the hard to serve. For example, Arizona provides family planning services with the goal of reducing rates of second-order pregnancies and births. Georgia provides counseling and family planning services in non-traditional sites, such as shopping malls, housing developments and a mobile van. Four states, including one bonus state (Alabama) and three non-bonus states (Maryland, Minnesota, and New York), have applied for and/or received Medicaid waivers to expand access to family planning services, with eligibility ranging from 133%–275% of the federal poverty level.²⁶ In at least one state (New York), waiver services are available to men as well as women.

²⁶ Medicaid extends coverage for family planning services to pregnant women with incomes below 133% of the federal poverty level, and, at their option, states can extend this coverage to pregnant women with incomes up to (continued...)

b. Home Visiting Programs

Seven study states, including all those receiving the bonus, operate home visiting programs. These programs typically provide a variety of health and other services to pregnant or parenting individuals who are at risk of becoming dependent on cash assistance. The range of services include child care, perinatal services, primary and reproductive health services, comprehensive case management services, responsible parenting education, counseling regarding childbearing and other decisions, and work preparation. Program goals include protecting child and maternal health, reducing or delaying subsequent pregnancies (especially to teens), and promoting educational attainment and economic self-sufficiency.²⁷

c. Male Responsibility Programs

Efforts to promote male involvement and responsibility are particularly common. All but one state (Arizona) engage in one or more efforts to develop and deliver programs to males (and females) designed to decrease the likelihood of fathering a child out of wedlock, and to increase the likelihood of paternal involvement when nonmarital births do occur. Programs vary by state, and include services such as (primarily for teens): parenting training, abstinence education, anger management, self-discipline instruction (including sexual responsibility) STD and HIV/AIDS²⁸ prevention, substance abuse education, peer leadership programs, and teaching that young men and young women are equally responsible for preventing pregnancy. Services primarily for adults include programs designed to increase paternity establishment, strengthen relationships between fathers and children, and increase child support payments by providing work and training opportunities. Some operate the programs directly, while others, such as Alabama, Georgia, and Massachusetts, provide grants to CBOs.

d. Other Efforts

While the activities described above had parallels across several study states, there were additional activities that appeared unique to particular study states. These include:

- Alabama's Care Coordination program that provides risk assessment and case management services to women who are enrolled in family planning.
- Georgia Department of Public Health staff advise parents to wait two years between births, emphasizing the health benefits for both the mother and child. In addition to the health benefits gained, this effort helps delay or prevent subsequent out-of-wedlock births. Georgia also offers an Early Intervention Services program for low-income residents that funds pregnancy tests and intensive in-home case management services.

185% of the federal poverty level. Coverage ends 60 days after a woman gives birth. States can expand coverage for family planning services through the use of waivers authorized under Section 1115 of the Social Security Act.

²⁷ The home visitation programs in three states (Alabama, Arizona, and Wyoming) are based on a model developed by David Olds.

²⁸ Sexually transmitted disease and human immunodeficiency virus/acquired immunodeficiency syndrome.

- Minnesota operates a program designed to identify and provide services to teens at risk for prostitution.
- Pennsylvania's physician training program teaches doctors how better to discuss sexuality, pregnancy, and sexual development with their young patients and their families, and Pennsylvania Family Life Community Initiative teaches parents to distinguish normal adolescent behavior from abnormal, or risky, adolescent behavior. Alabama also sponsors a series of conferences designed to improve pediatricians' skills in identifying and serving adolescents at risk for pregnancy.

3. PRWORA/TANF Policies Aimed at Reducing Nonmarital Childbearing

In this section, we identify those states implementing provisions in welfare reform (with the exception of abstinence education, which we discussed earlier in this chapter) aimed at reducing nonmarital births (*Exhibit 3.5*). We do not describe the provisions in much detail here, as each of the provisions are discussed more fully in *Section B.3. of Chapter II*.

Exhibit 3.5. PRWORA and TANF Activities, by State

	State								
	Bonus States			Non-Bonus States					
	AL	AZ	MA	GA	MD	MN	NY	PA	WY
Family cap policies		X	X	X	X				X
Similar eligibility for two-parent and single-parent families	X				X	X	X		X
Includes family planning in IRAs				X					
Child support enforcement and paternity establishment	X	X	X	X	X	X	X	X	X
Education and training on statutory rape prevention	X	X	X	X	X	X	X	X	X
Service linkages, referral, and other collaborative efforts		X	X	X		X		X	X

a. Family Cap Policies

Arizona and Massachusetts (bonus states) and Georgia, Maryland, and Wyoming (non-bonus states) have implemented family caps.

b. Two-Parent Family Policies

Alabama (bonus state) and Maryland, Minnesota, New York, and Wyoming (non-bonus states) have modified their two-parent policies to reduce or eliminate disincentives to marriage

c. Individual Responsibility Agreements

Among the nine study states, only Georgia includes a family planning provision within its individual responsibility agreements. Welfare recipients in Georgia are required to receive family planning counseling.

d. Child Support and Paternity Establishment Enforcement

Each of the states has implemented tougher child support enforcement policies and has developed or expanded paternity establishment efforts, with the type and nature of activities varying across states. For example, in New York, the Governor's Task Force on Out-of-Wedlock Pregnancies and Poverty placed a high priority on improving the state's child support enforcement and paternity acknowledgment activities, and Minnesota's Male Responsibility & Fathering program, which targets males ages 10 to 21, includes efforts to establish paternity.²⁹ In Maryland, each Healthy Families pilot site features a male involvement coordinator who works to avoid non-payment of support and enforcement activities by serving as a mediator between father and mother, when appropriate.

e. Education and Training on Statutory Rape Prevention

All states have implemented efforts to provide education and training about statutory rape prevention. Some programs serve teens, usually females, and provide information on the risks involved with dating older men as well as information on incidence and prevention of statutory rape. Other programs provide information to educators, counselors, health care workers, and law enforcement officials on the provisions of state statutory rape laws and responsibilities of officials to report incidences of statutory rape.

f. Linkages between TANF and Family Planning Agencies

Six of the study states, including two bonus states (Arizona and Massachusetts) and four non-bonus states (Georgia, Minnesota, Pennsylvania, and Wyoming) have linked services or otherwise implemented collaborative efforts between the state TANF and the state family planning agencies. Such linkages include programs to train both public health and welfare workers regarding services provided by the other agency and to perform basic screening and referrals between agencies, co-locating services to ensure simultaneous access to welfare services and family planning assistance, and providing inter-agency technical assistance. This is discussed in more detail in the next section.

D. Key Findings

In this section, we summarize key findings from our discussions with the nine study states regarding nonmarital birth activities within those states.

1. Funding for Nonmarital Birth Prevention Activities Has Increased

In addition to efforts authorized under PRWORA, all nine states report that increases in other efforts have been linked to the availability of TANF and Title V Section 510 (abstinence education) funding. As caseloads have declined while grant amounts have remained unchanged,

²⁹ According to one participant, promoting the state's child support enforcement policies was one of the most important welfare-related issues for the Governor.

states have used some portion of their available TANF funding to increase efforts aimed at reducing nonmarital and teen pregnancies, with increases in such funding ranging from just more than \$1 million in Maryland to about \$76 million in New York. Funding increased by up to \$5 million annually in four states, and by \$10 million or more in three states.

2. Prevention Policies Focus Primarily on Teens

Mirroring activities at the national level, prevention policies in the nine study states focus primarily on teens. While the primary reasons for doing so varied by state, four reasons were most often cited:

- **The very large majority of teen births are nonmarital.**

While the proportion of all births that are to teen mothers in any of the states ranges from a low of 7% in Massachusetts to a high of 16% in Alabama (Curtin and Martin, 2000), lowering teen childbearing can produce relatively large decreases in the total out-of-wedlock childbearing rate because teen births are overwhelmingly nonmarital. More than 70% of the births to teen mothers in each of the study states are out-of-wedlock (Child Trends, 2001).³⁰ States also note that reductions in teen births can produce disproportionate program savings because outcomes for families starting with a teen birth are generally poor (e.g., families beginning with a teen birth exhibit high rates of poverty, low educational attainment and high likelihood to require public assistance).

- **Compared to adults, teens are an easier population to reach through existing links to providers.**

Because the very large majority of the states' teen populations attend school, structuring and implementing programs for delivery within schools is more straightforward than designing efforts to reach adults. After-school programs, such as recreational, mentoring and tutoring activities provide another avenue for intervention. While can be reached through schools, delivering services to adults effectively requires larger and more expensive approaches, which makes adults less attractive as a target population than teens.

- **States generally have had success identifying available intervention models for teens but have had less success identifying such models for adults.**

The states were generally satisfied with the availability of program models and policy knowledge for implementing effective interventions among teens. For example, the majority of states have implemented life skills, parenting skills, job readiness, tutoring, home visiting and male responsibility programs. States reported substantially less success in identifying and implementing effective and appropriate models for discouraging nonmarital childbearing among adults. Among models in use, those focused on reducing unintended childbearing were the most

³⁰ Nationally, teen births comprise 12% of all births (Curtin and Martin, 2000) but account for 29% of nonmarital births (Ventura and Bachrach, 2000).

commonly cited. Such models include family planning, and home visiting programs with a health-focused message of the benefits of delaying subsequent pregnancies.³¹

- **Building community consensus around the goal of teen pregnancy prevention is easier than building similar consensus regarding the behavior of adults.**

States report that a consensus exists within state legislatures and across local communities and state and local agencies around the importance of implementing teen pregnancy prevention programs, even if the consensus is less clear regarding the content of particular interventions (e.g., extent to which teens should receive abstinence education and have access to contraceptive information and services). However, during our discussions with the study states, many participants said they believed that activities, policies, or programs designed to influence the childbearing decisions of adults would likely be poorly received both by local communities and by the adults the policies were intended to serve.³²

3. States Emphasize Community Involvement

All nine states report operating CBO grant programs or otherwise working with CBOs in the delivery of nonmarital and teen pregnancy prevention policy. Six states administer the Title V Section 510 abstinence education program in full or in part through grants to CBOs, and six states administer CBO grants for other pregnancy prevention programs.

- **Nearly all states report increased collaboration with local communities and CBOs to develop and deliver nonmarital and teen pregnancy prevention policies.**

Officials in a number of states remarked that CBO programs can be advantageous over direct provision because sensitive messages are sometimes better received when originating within the local community. In some cases faith-based community organizations are particularly well-positioned to deliver these messages. Administering pregnancy prevention programs through CBOs can also be particularly effective for conducting outreach and tailoring content because the organizations are able to tap into resources and expertise of developed networks, and work to reach consensus over the various approaches to teen pregnancy prevention.

Seven states (Alabama, Arizona, Georgia, Maryland, Minnesota, New York, and Pennsylvania) award competitive grants to CBOs to develop and operate abstinence education programs, which has allowed local communities to have substantial input into the development of those programs. In five of those states (Alabama, Maryland, Minnesota, New York and Pennsylvania), CBOs

³¹ Because about 50% of pregnancies to all women in the state are unplanned, public health providers in Georgia typically speak to women about the benefits of planning pregnancies and do not focus on marital status *per se*. Officials in two other states (Massachusetts and Wyoming) said their states' pregnancy prevention efforts were also intended to prevent and reduce the incidence of unintended, rather than nonmarital, births. As one state official noted, because the majority of nonmarital births are unintended, reductions in the incidence of unintended childbearing will also produce reductions in the incidence of nonmarital childbearing.

³² Alabama, in part to learn more about this issue, has funded an evaluation of the Alabama Unwed Pregnancy Prevention Program.

operate both abstinence and “abstinence-plus” programs. Those programs receiving Title V Section 510 funds teach abstinence education, and programs funded through other sources provide both abstinence and contraception education. In Georgia and Arizona, CBOs operate abstinence programs exclusively. In Massachusetts and Wyoming, which do not award competitive grants to CBOs, Title V Section 510 funds have been used to develop statewide abstinence education media campaigns.

- **Some states experience difficulty transitioning from the role as direct service provider to the role as grant administrator and technical assistance provider.**

Among states that have developed new partnerships with communities and community-based organizations (primarily through request-for-proposal and bid processes to design and implement abstinence education programs), state agencies have expanded their roles as providers of technical assistance and shrunk their roles as providers of direct services. A number of states remarked that this shift has posed a challenge in some instances.

For example, APPS programs in New York include a broad range of efforts, which sometimes require the state to provide substantial technical assistance to ensure delivery of appropriate and effective programs within each community. Officials in Pennsylvania report receiving as many as 800 unique proposals for interventions from CBOs. Officials say they do not have the capacity to evaluate all the proposals in a proper and timely fashion, nor do they have the expertise to provide technical assistance regarding all of the interventions proposed.

4. Inter-Agency Collaboration has Increased

Most states report that efforts to reduce nonmarital childbearing since the passage of PRWORA have resulted in increased inter-agency collaboration over previous levels in both policy and implementation activities. The states agree that this outcome is primarily a function of the block grant structure that enables state TANF agencies to direct TANF funds to administering agencies.

- **Some states have increased collaboration at the policy level.**

In some states, TANF agency and health departments engaged in early collaboration to identify and/or develop programs administered through the health department (and other agencies) to reduce nonmarital childbearing. For example, Massachusetts’s Governor’s Commission on Responsible Fatherhood and Family Support consulted with state agency secretariats and department heads for guidance in developing a set of policy recommendations to reduce the rate of teenage pregnancy and nonmarital birth rates among both teens and adults. In Pennsylvania, the Governor established a policy office in every department to help coordinate activities and programs among departments. Designated staff serve as liaisons between and among departments, and help ensure that activities and efforts remain consistent with over-arching policy intent.

- **Some states have increased collaboration at the implementation level.**

In a number of states, TANF agency staff receive training regarding availability and eligibility rules for support services provided through other agencies. For example, In Alabama, TANF staff refer clients with family planning needs to the Department of Public Health and vice versa, and in Massachusetts, TANF staff explain family cap provisions to clients, provide brochures detailing the policy, and refer all clients for family planning services.

5. States Face Difficulties Serving Some Populations

A Pennsylvania official reported that some residents, particularly those in rural areas, are reluctant to seek out services because of the stigma of accepting government support. About 31% of the state is rural,³³ with some portion of each of the state's 66 counties (except Philadelphia County) designated as rural, making it expensive to target and serve the entire non-urban population.

Pennsylvania also reported that providing services to state residents with disabilities is a challenge because of the population's relatively large size and broad diversity of underlying impairments. This diversity requires that the state develop unique outreach and service programs for each type of impairment (e.g., providing materials in Braille to individuals with sight impairments while providing cognitively-appropriate materials for people with mental retardation), if these populations are to be served effectively. Doing so, however, would require access to funding and knowledge of program models that the state currently does not sufficiently possess.

New York officials said it is difficult to replicate models across age groups and between urban and rural populations, and that state agencies would benefit from access to customized models designed to serve each of the respective groups.

Alabama and Minnesota officials said that among the state's growing number of immigrant families, first-generation immigrant parents are typically not citizens and are therefore not covered by Medicaid; as a result, linking the families to needed services is more difficult than among the Medicaid-eligible population. Language barriers within this population also inhibit program delivery.

6. States Concerned about Future of Nonmarital Pregnancy Prevention Funding

Four states, including Massachusetts (bonus state), and Georgia, Maryland, and New York (non-bonus states) suggest that their level of effort will likely decline in the near future because of shrinking budget revenues.

³³ Based on data from the 1990 Census. Comparable data from the 2000 Census have not been published.

In Georgia, the state's TANF rolls have begun growing, leaving less money available for ancillary programs, such as pregnancy prevention. The state cut spending on nonmarital birth programs by 2.5% in FY 2002, and officials project a 5% cut next year due to reduced state revenues from the economic slowdown. Massachusetts encountered a \$1.2 billion shortfall in its \$22 billion budget in FY 2002, and the state is disproportionately cutting prevention program spending to retain funding for direct service programs. In New York, a number of officials said that the state's current budget shortfall will likely result in budget cuts to a number of the state's pregnancy prevention programs. Maryland officials said program costs have risen over the past few years, but agency budgets have not increased proportionately. Declining teen pregnancy rates might also threaten funding, as the perceived need for pregnancy prevention programs declines.

IV. Role of the Illegitimacy Bonus in Shaping Policy

A. Introduction

The Bonus to Reward Decrease in Illegitimacy Ratio awards up to \$100 million for fiscal years 1999 to 2002 (i.e., \$25 million per year) divided among as many as five states each year that show the largest reduction in nonmarital births (provided the state's abortion rates remains below its 1995 rate). Eligibility is based on the ratio of nonmarital to total births for the most recent two-year period compared to the prior two years. The intent of the illegitimacy bonus was to motivate states to develop and implement effective policies and programs to reduce out-of-wedlock childbearing, and to reward particularly well-performing states.

We present the winning states, and the rank order of the nine study states for 1999, 2000, and 2001 in *Exhibit 4.1*.

Exhibit 4.1. Rankings of Winning and Study States for Illegitimacy Bonus, 1999 - 2001

Rank Order of States by Largest Decline in Percent of Births to Unmarried Women ^{a/}								
Bonus winners appear in bold for each year								
1999			2000			2001		
Rank	State	Change in % Unmarried	Rank	State	Change in % Unmarried	Rank	State	Change in % Unmarried
--	United States	0.003	--	United States	1.054	--	United States	1.669
1	California	-5.665	1	District of Columbia	-4.130	1	District of Columbia	-3.976
2	District of Columbia	-3.708	2	Arizona	-1.380	2	Alabama	-0.249
3	Michigan	-3.361	3	Michigan	-1.336	3	Michigan	-0.009
4	Alabama	-2.022	4	Alabama	-0.290	4	New York	0.725
5	Massachusetts	-1.493	5	Illinois	-0.022	5	Arizona	0.881
9	Georgia	-0.324	7	New York	0.061	7	Pennsylvania	1.064
10	Pennsylvania	-0.211	11	Pennsylvania	1.292	15	Massachusetts	2.282
11	Arizona	-0.148	14	Maryland	1.490	31	Georgia	3.267
12	Maryland	-0.102	16	Massachusetts	1.806	33	Maryland	3.347
16	Wyoming	0.888	18	Georgia	2.065	34	Minnesota	3.391
32	Minnesota	4.104	38	Minnesota	4.121	50	Wyoming	7.827
35	New York	4.384	46	Wyoming	6.592			

^{a/} Rankings reflect change in percent of births to unmarried women, with larger decreases receiving higher rankings. Rankings are based on data from the following periods: 1999 rankings (1994-1995 and 1996-1997); 2000 rankings (1995-1996 and 1997-1998); 2001 rankings (1996-1997 and 1998-1999).

Source: Division of Vital Statistics, NCHS, from published birth data and special tabulations provided by California, Nevada, and New York City. Separate tables are available from NCHS for the adjusted birth data for California, Nevada, and New York City.

The answers to two questions are important for understanding whether and to what extent the illegitimacy bonus influenced state nonmarital birth policy relative to bonus receipt. First, how many states were intending to develop new programs or to expand existing ones designed to improve the likelihood of winning the bonus, and how many were simply intending to maintain existing programs they believed would make them relatively competitive? This distinction is important because the bonus was created to serve as an incentive for states to invigorate or expand pregnancy prevention activities. Second, it is important to know to what extent states that received the bonus pursued it, and how the bonus funds were spent. If winners did not develop

new programs or invigorate existing efforts, the bonus served as a reward to states for behavior the states would have engaged in anyway. If the bonus funds were not directed toward the departments and agencies administering and funding nonmarital birth activities, the bonus will not serve as an effective incentive to increase efforts in these areas.

In this chapter, we describe the extent to which competition for the bonus played a role in influencing the development, implementation or efficacy of nonmarital birth policy within study states.

B. Experiences of Study States

Based on our discussions with officials within the nine study states, we found that the potential availability of the bonus had little influence on nonmarital birth prevention policies within the states, even among bonus winners. We also found no clear relationship between bonus receipt and amount of effort expended by states, and we found that among the three states receiving the bonus (i.e., Alabama, Arizona and Massachusetts), only Alabama has directed bonus funds toward additional nonmarital birth prevention activities. Finally, we found that most states were critical of the outcome measure used to award the bonus. We discuss each of these findings in more detail below.

- **Potential availability of the bonus had little influence on nonmarital birth prevention policies.**

Among the three bonus states, two (Alabama and Arizona) reported making no special effort to win the bonus (prior to first receipt).³⁴

- Alabama officials report that prior to winning the bonus, the state did not expend much effort evaluating bonus provisions or developing programs designed to influence outcomes relevant to bonus receipt. However, after winning the bonus the first time, state officials were motivated to continue to win the bonus and studied the bonus regulations to ensure the state remained eligible to compete in subsequent years. Officials said the state suddenly had the resources to fund community-based programs, an activity they had been discussing for years prior to receiving the bonus money. One official thinks the reason that Alabama has won the bonus three times is due, in part, to the state's willingness to dedicate a substantial portion of the bonus money to expansion and improvement of existing and effective nonmarital birth programs.³⁵

³⁴ Massachusetts officials agreed that shortly after the passage of PRWORA, the potential for receiving bonus money inspired efforts within the state to identify strategies for winning. An inter-agency task force on welfare reform held several meetings in which options for reducing nonmarital childbearing, and their possible impact on the state's bonus eligibility, were discussed. Although decisions regarding changes to the state's pregnancy prevention policies were not motivated entirely by the potential availability of the bonus, it did provide a framework for discussions.

³⁵ While Alabama's nonmarital birth ratio has declined each year since 1999, the decline has slowed from about 2% in 1999 to about one-quarter of one percent in 2001.

- Arizona officials said that state agencies did not focus on winning the bonus, nor did they implement or modify policies with an eye toward competing for the bonus money. Some officials said they were surprised when Arizona won the bonus, and only after being awarded the bonus did the officials examine the bonus's provisions.

Each of the six non-bonus states reported that they made no sustained efforts to win the bonus, and the potential receipt of bonus money had little effect on program design, intensity, or implementation of efforts to reduce out-of-wedlock childbearing.

- Georgia officials said that interest in pursuing the bonus was high during the first year of eligibility, and the state engaged in efforts to monitor performance to determine whether Georgia could compete successfully for the bonus. However, officials soon concluded that development of interventions capable of successfully serving all women at risk for a nonmarital birth, which would be required in order to have a large impact on the bonus's outcome measure, was not practical. Officials also said that interest in the bonus declined because some officials thought that awarding performance-based bonuses was inappropriate given the widespread need for program funding among states. They said that awarding large sums of money to a few states was likely less effective than funding identified needs. Finally, officials said that winning the bonus would likely require that states find effective ways to reach the adult population and convince them to abstain or marry, which is much more difficult than influencing teen behavior.
- Maryland officials said that while development of a plan to pursue the illegitimacy bonus was initially a primary purpose of a gathering convened by the Governor, interest in bonus pursuit dissipated relatively soon. Discussants concluded that while state programs might have an impact on the nonmarital birth ratios of the teen or welfare populations, such programs did not have sufficient range or size to have a substantial impact on the state's overall nonmarital birth ratio.
- Minnesota officials said they did not focus on the bonus for two primary reasons. First, the state's overall nonmarital birth ratio is very low, which officials said put the state at a substantial disadvantage to states with relatively high ratios.³⁶ Also, officials were concerned about long-term resource availability for pregnancy prevention programs. Because bonus receipt was not guaranteed, state officials chose instead to make program decisions based upon expected block grant amounts. Several officials also reported that some agency staff anticipated that changes in behaviors important for reducing the rate of nonmarital childbearing (e.g., rate of marriage), would be very difficult to influence through public policy.
- New York officials said that soon after the passage of PRWORA, discussions among state agencies regarding the illegitimacy bonus concluded that bonus pursuit would probably yield little benefit. Officials believed the outcome of interest for bonus receipt (i.e., change in the ratio of nonmarital births to all births in the state) put New York at a substantial disadvantage to smaller states, which participants believed would be more

³⁶ See the final bullet in this section for a discussion of this issue.

likely to influence the behavior of their relatively small populations. Also, the state's interest in reducing long-term dependency on welfare had motivated the state to focus its efforts on teen pregnancy and childbearing rather than nonmarital childbearing among adults. Even if the state were to have a substantial impact on the state's teen birth rate, participants said state officials had concluded that the impact on the state's overall nonmarital birth ratio would likely be small. Finally, officials noted that the value of the bonus (\$25 million maximum) was relatively small compared to the state's annual TANF expenditures (\$2 billion in 2000), so it served as a relatively small incentive.

- Officials in Pennsylvania said that while they considered bonus pursuit, the state decided to focus its early efforts under welfare reform on providing short-term assistance and moving families from welfare to work, as stipulated by the first two purposes of TANF. More recently, the state has expanded its efforts to reduce nonmarital births and promote two-parent families, consistent with the third and fourth purposes of TANF.
 - Wyoming officials said the availability of the bonus had no effect on state decisions regarding design or implementation of nonmarital birth programs. Rather than reviewing existing programs to determine probable impact on populations specified by the bonus criteria, the state has pursued programs consistent with its own priorities regarding nonmarital childbearing and unintended pregnancy. One official said that relevant agencies did not think they could implement broad enough efforts to be competitive with other states. Other officials said that the bonus was politically controversial. These officials believed the state could more effectively make policy around reducing nonmarital births by avoiding any pursuit of the bonus.
- **Bonus states did not necessarily spend bonus funds on maintenance or expansion of nonmarital birth prevention activities.**

Two of the three bonus states (Arizona and Massachusetts) did not direct bonus funds to performing agencies to maintain, or increase, nonmarital birth prevention activities.

Arizona officials said that, upon bonus receipt, several state agencies lobbied the legislature to spend the funds on expanding nonmarital birth prevention activities, but the Governor, who has line item veto authority, chose to assign most of the money to a "rainy day" fund instead. Some funds were assigned to increase support for Title V Section 510 abstinence education, which serves teens almost exclusively. No additional funds to serve adults have been assigned from the bonus funds. One official noted that substantial support exists within several agencies to expand nonmarital birth prevention activities, but they lack funding to do so.

In Massachusetts, bonus money was added to the general TANF fund and was not dedicated to nonmarital birth prevention programs. A number of officials expressed frustration over this decision by the legislature, saying the distribution of the bonus to the general fund discouraged agencies from continued bonus pursuit, they said.

Alabama officials say that approximately 50% of the \$65 million the state has received in bonus funds to date have been spent on nonmarital birth programs. For example, \$8 million was directed to the health department and \$1.2 million per year was spent on fatherhood programs.

Funding was also provided to expand to teens “care coordination” programs that deliver risk assessment and case management services to women receiving family planning services. The Department of Human Resources is currently working on developing several new initiatives in partnership with the Governor’s Office. Some portion of the bonus money has been set aside as a “cushion” in the event that the economy sours, which should help ensure that the programs will be able to continue. Even so, officials expressed concern about the fate of those programs if the economic downturn continues and the budget surplus is depleted.

- **Some states expressed concern regarding the fairness and/or validity of the outcome measure employed to determine bonus eligibility.**

Concerns vary by state, and the most common include:

States with lower nonmarital birth ratios are at a disadvantage to states with higher ratios because of the relative difficulty in further reducing an already low ratio.

Officials expressing this concern noted that states with relatively low nonmarital birth ratios might have already engaged in substantial efforts to lower incidence of nonmarital childbearing. Achieving additional reductions for such a state might be relatively expensive because the state would presumably have already implemented programs to reach its easiest-to-serve populations, and could expect further improvement only by implementing more expensive programs for its relatively harder-to-serve populations. States with relatively high nonmarital birth ratios, however, might be able to achieve reductions relatively inexpensively (if the state had historically engaged in relatively little effort to reduce nonmarital births) by implementing programs to reach its easiest-to-serve populations. Consequently, say these officials, the measure used to award the bonus essentially neglects the states that engaged in substantial efforts toward nonmarital birth prevention prior to PRWORA, but rewards the states engaging in identical efforts after the passage of welfare reform.³⁷

The nonmarital birth ratio calculation, which uses all women in the denominator, includes low-risk groups whose behavior is not a primary concern.

Officials from several states noted that the nonmarital birth ratio calculation includes both low-risk (e.g., women age 30 and older) and high-risk groups (e.g., teens, and economically-disadvantaged women) in the denominator. However, states have limited funds and typically must focus efforts primarily on high-risk groups, leaving little opportunity to serve the lower-risk populations included in the bonus eligibility measure.

³⁷ These state perceptions are not necessarily supported by the data. Among bonus winners in 1999, two states started with birth ratios below the national average (California and Massachusetts) and two started with ratios slightly higher than the national average (Alabama and Michigan). Only the District of Columbia started with a ratio substantially above the national average. Among bonus winners in 1999, 2000, and 2001, only two states (Arizona and the District of Columbia) began with ratios more than three percentage points above the national average.

Demographic characteristics of a state's population (e.g., age structure, income, race, ethnicity) can exert substantial influence over the incidence of nonmarital childbearing, providing relative "advantages" to some states and relative "disadvantages" to others in competing for the bonus.

As one official noted, the relative advantage or disadvantage to the state of these circumstances depends upon the state's ability to influence the childbearing behavior of these groups.

The duration between implementation of PRWORA and first bonus receipt might have been too short to observe fully the impact of state efforts.

The full impact of teen pregnancy prevention efforts on childbearing decisions might not be observed until the teens have passed through their unmarried adult years. If so, declines in nonmarital birth ratios within several years of implementation of PRWORA might not be related to interventions designed to lower such rates.

We provide state rankings for the illegitimacy bonus (1999, 2000, and 2001) for each of the 50 states (and the District of Columbia) in ***Exhibit 4.2***.

In ***Exhibit 4.3***, we provide nonmarital birth ratios, and changes in those ratios, for each two-year period between 1994 and 1999, which were used to determine eligibility for the 1999, 2000, and 2001 illegitimacy bonuses. States are listed in alphabetic (rather than rank) order in the exhibit.

Exhibit 4.2. State Rankings for Illegitimacy Bonus, 1999 - 2001

Rank Order of States by Largest Decline in Percent of Births to Unmarried Women ^{a/}											
<i>States in bold type are bonus recipients.</i>											
1999			2000			2001					
Rank	State	Change in Percent Unmarried	Rank	State	Change in Percent Unmarried	Rank	State	Change in Percent Unmarried	Rank	State	Change in Percent Unmarried
--	United States	0.003	--	United States	1.054	--	United States	1.669			
1	California	-5.665	1	District of Columbia	-4.13	1	District of Columbia	-3.976			
2	District of Columbia	-3.708	2	Arizona	-1.38	2	Alabama	-0.249			
3	Michigan	-3.361	3	Michigan	-1.336	3	Michigan	-0.009			
4	Alabama	-2.022	4	Alabama	-0.29	4	New York	0.725			
5	Massachusetts	-1.493	5	Illinois	-0.022	5	Arizona	0.881			
6	Illinois	-1.452	6	Oregon	-0.001	6	Mississippi	0.988			
7	Virginia	-0.583	7	New York	0.061	7	Pennsylvania	1.064			
8	Mississippi	-0.371	8	Mississippi	0.48	8	New Jersey	1.451			
9	Georgia	-0.324	9	Nevada	0.56	9	Texas	1.476			
10	Pennsylvania	-0.211	10	New Jersey	1.263	10	Illinois	1.542			
11	Arizona	-0.148	11	Pennsylvania	1.292	11	Ohio	1.578			
12	Maryland	-0.102	12	Florida	1.301	12	Nevada	1.746			
13	New Jersey	0.418	13	Alaska	1.474	13	Colorado	1.816			
14	Colorado	0.511	14	Maryland	1.49	14	Kentucky	2.078			
15	Florida	0.662	15	Virginia	1.73	15	Massachusetts	2.282			
16	Wyoming	0.888	16	Massachusetts	1.806	16	California	2.29			
17	North Carolina	1.437	17	Washington	1.836	17	West Virginia	2.297			
18	South Carolina	1.445	18	Georgia	2.065	18	Virginia	2.333			
19	Tennessee	1.505	19	Kentucky	2.087	19	New Hampshire	2.421			
20	Oregon	1.593	20	Colorado	2.258	20	Rhode Island	2.68			
21	Ohio	1.663	21	North Carolina	2.497	21	Louisiana	2.729			
22	Wisconsin	1.838	22	Ohio	2.653	22	Washington	2.752			
23	New Mexico	2.270	23	South Carolina	2.786	23	Oregon	2.786			
24	Indiana	2.272	24	Texas	2.872	24	North Carolina	2.829			
25	Missouri	2.609	25	Indiana	2.896	25	Missouri	2.878			
26	Delaware	2.669	26	West Virginia	2.942	26	Nebraska	2.93			
27	Louisiana	2.684	27	Missouri	2.982	27	Florida	2.953			
28	Nebraska	3.028	28	California	3.226	28	Tennessee	3.056			
29	West Virginia	3.199	29	Wisconsin	3.286	29	Arkansas	3.097			
30	Washington	3.335	30	Hawaii	3.361	30	Utah	3.163			
31	Arkansas	3.962	31	New Mexico	3.411	31	Georgia	3.267			
32	Minnesota	4.104	32	Louisiana	3.471	32	South Carolina	3.283			
33	Alaska	4.220	33	Arkansas	3.523	33	Maryland	3.347			
34	Utah	4.336	34	Idaho	3.618	34	Minnesota	3.391			
35	New York	4.384	35	Tennessee	3.78	35	New Mexico	3.535			
36	Maine	4.469	36	Iowa	3.843	36	Kansas	3.578			
37	Hawaii	4.630	37	Delaware	3.868	37	Wisconsin	3.83			
38	Vermont	4.655	38	Minnesota	4.121	38	Idaho	3.856			
39	Connecticut	4.872	39	Rhode Island	4.147	39	Alaska	4.315			
40	Iowa	4.908	40	Connecticut	4.753	40	Iowa	4.332			
41	Rhode Island	4.949	41	Kansas	4.916	41	Connecticut	4.453			
42	Kansas	5.004	42	New Hampshire	5.003	42	Indiana	4.757			
43	Texas	5.042	43	Vermont	5.457	43	Oklahoma	4.769			
44	Oklahoma	5.105	44	Utah	5.718	44	South Dakota	5.338			
45	Kentucky	5.471	45	Nebraska	6.042	45	Montana	5.768			
46	New Hampshire	6.493	46	Wyoming	6.592	46	Maine	5.825			
47	Nevada	7.686	47	Maine	6.648	47	Delaware	6.219			
48	South Dakota	8.772	48	Oklahoma	6.998	48	North Dakota	6.473			
49	Idaho	8.862	49	Montana	7.979	49	Hawaii	6.901			
50	Montana	8.934	50	North Dakota	8.904	50	Wyoming	7.827			
51	North Dakota	10.036	51	South Dakota	9.842	51	Vermont	8.372			

^{a/} Rankings reflect change in percent of births to unmarried women, with larger decreases receiving higher rankings. Rankings are based on data from the following periods: 1999 rankings (1994-1995 and 1996-1997); 2000 rankings (1994-1995 and 1996-1997); 2001 rankings (1996-1997- and 1997-1998).

Source: Division of Vital Statistics, NCHS, from published birth data and special tabulations provided by California, Nevada, and New York City. Separate tables are available from NCHS for the adjusted birth data for California, Nevada, and New York City.

Exhibit 4.3. Nonmarital Birth Ratios by State, 1999 - 2001

Ratio of Nonmarital Births to Total Births by Two-Year Period, 1994-1995 to 1998-1999										
State	Bonus to Reward Decrease in Illegitimacy Eligibility Periods									
	1999 Bonus Eligibility Period (1994-1995 to 1996-1997)			2000 Bonus Eligibility Period (1995-1996 to 1997-1998)			2001 Bonus Eligibility Period (1996-1997 to 1998-1999)			All Periods (1994-1995 to 1998-1999)
	Percent Unmarried		Change in Percent Unmarried (%)	Percent Unmarried		Change in Percent Unmarried (%)	Percent Unmarried		Change in Percent Unmarried (%)	Change in Percent Unmarried (%) ^{b/}
	1994-1995	1996-1997		1995-1996	1997-1998		1996-1997	1998-1999		
United States	32.39	32.39	0.003	32.27	32.61	1.054	32.39	32.93	1.669	1.673
Alabama	34.47	33.77	-2.022	34.07	33.97	-0.290	33.77	33.69	-0.249	-2.266
Alaska	29.57	30.82	4.220	30.43	30.88	1.474	30.82	32.14	4.315	8.716
Arizona	38.29	38.23	-0.148	38.54	38.01	-1.380	38.23	38.57	0.881	0.731
Arkansas	32.76	34.06	3.962	33.44	34.62	3.523	34.06	35.12	3.097	7.182
California ^{a/}	32.25	30.42	-5.665	31.74	32.77	3.226	32.07	32.81	2.29	1.730
Colorado	24.92	25.05	0.511	24.85	25.41	2.258	25.05	25.50	1.816	2.336
Connecticut ^{a/}	30.55	32.04	4.872	27.32	28.62	4.753	27.70	28.93	4.453	-5.280
Delaware	34.82	35.75	2.669	35.20	36.57	3.868	35.75	37.97	6.219	9.055
District of Columbia	67.39	64.89	-3.708	65.97	63.25	-4.130	64.89	62.31	-3.976	-7.537
Florida	35.74	35.98	0.662	35.85	36.32	1.301	35.98	37.04	2.953	3.634
Georgia	35.34	35.22	-0.324	35.08	35.81	2.065	35.22	36.37	3.267	2.932
Hawaii	28.76	30.09	4.630	29.73	30.72	3.361	30.09	32.17	6.901	11.850
Idaho	19.30	21.01	8.862	20.62	21.37	3.618	21.01	21.82	3.856	13.063
Illinois	34.06	33.57	-1.452	33.76	33.75	-0.022	33.57	34.09	1.542	0.068
Indiana	31.74	32.46	2.272	32.14	33.07	2.896	32.46	34.00	4.757	7.140
Iowa	25.01	26.24	4.908	25.73	26.72	3.843	26.24	27.37	4.332	9.453
Kansas	25.92	27.21	5.004	26.36	27.65	4.916	27.21	28.19	3.578	8.759
Kentucky	28.08	29.61	5.471	29.15	29.76	2.087	29.61	30.23	2.078	7.665
Louisiana	42.55	43.69	2.684	42.94	44.43	3.471	43.69	44.88	2.729	5.486
Maine	27.97	29.22	4.469	28.25	30.13	6.648	29.22	30.92	5.825	10.558
Maryland	33.52	33.49	-0.102	33.42	33.92	1.490	33.49	34.61	3.347	3.243
Massachusetts	26.10	25.71	-1.493	25.53	25.99	1.806	25.71	26.92	2.282	3.173
Michigan	34.68	33.51	-3.361	34.05	33.60	-1.336	33.51	33.51	-0.009	-3.371
Minnesota	23.93	24.91	4.104	24.34	25.34	4.121	24.91	25.76	3.391	7.634
Mississippi	45.40	45.23	-0.371	45.20	45.41	0.480	45.23	45.68	0.988	0.615
Missouri	32.29	33.14	2.609	32.62	33.59	2.982	33.14	34.09	2.878	5.561
Montana	25.99	28.31	8.934	27.17	29.33	7.979	28.31	29.94	5.768	15.218
Nebraska	24.55	25.29	3.028	24.53	26.02	6.042	25.29	26.03	2.93	6.046
Nevada ^{a/}	36.73	39.55	7.686	34.84	35.04	0.560	34.89	35.50	1.746	-3.330
New Hampshire	22.16	23.60	6.493	22.82	23.96	5.003	23.60	24.17	2.421	9.071
New Jersey	27.87	27.99	0.418	27.79	28.14	1.263	27.99	28.39	1.451	1.873
New Mexico	42.11	42.82	2.270	42.35	43.79	3.411	42.82	44.59	3.535	5.884
New York ^{a/}	37.75	39.40	4.384	35.05	35.07	0.061	35.50	35.75	0.725	-5.288
North Carolina	31.65	32.10	1.437	31.71	32.50	2.497	32.10	33.01	2.829	4.307
North Dakota	23.25	25.59	10.036	24.34	26.51	8.904	25.59	27.24	6.473	17.159
Ohio	32.97	33.52	1.663	33.07	33.95	2.653	33.52	34.05	1.578	3.266
Oklahoma	30.14	31.68	5.105	30.69	32.84	6.998	31.68	33.19	4.769	10.118
Oregon	28.80	29.26	1.593	29.29	29.29	-0.001	29.26	30.07	2.786	4.424
Pennsylvania	32.61	32.54	-0.211	32.38	32.80	1.292	32.54	32.89	1.064	0.852
Rhode Island	31.64	33.20	4.949	32.18	33.52	4.147	33.20	34.09	2.68	7.763
South Carolina	37.14	37.68	1.445	37.38	38.42	2.786	37.68	38.91	3.283	4.777
South Dakota	27.86	30.31	8.772	28.75	31.58	9.842	30.31	31.92	5.338	14.579
Tennessee	33.25	33.75	1.505	33.23	34.49	3.780	33.75	34.78	3.056	4.608
Texas	29.44	30.57	5.042	30.22	31.09	2.872	30.57	31.38	1.476	6.594
Utah	15.71	16.39	4.336	15.96	16.87	5.718	16.39	16.91	3.163	7.640
Vermont	25.09	26.26	4.655	25.65	27.05	5.457	26.26	28.46	8.372	13.415
Virginia	29.24	29.07	-0.583	29.05	29.55	1.730	29.07	29.74	2.333	1.738
Washington	26.35	27.22	3.335	27.02	27.51	1.836	27.22	27.97	2.752	6.180
West Virginia	30.37	31.34	3.199	30.94	31.85	2.942	31.34	32.06	2.297	5.569
Wisconsin	27.27	27.77	1.838	27.40	28.30	3.286	27.77	28.84	3.83	5.739
Wyoming	26.94	27.18	0.888	26.70	28.46	6.592	27.18	29.30	7.827	8.783

^{a/} Adjusted birth data for certain periods were provided because the State changed its methodology or procedures for reporting the mother's marital status. Adjusted data were provided for the following States and periods: California (1994-1997); Connecticut (1995-1999); Nevada (1994-1998), and New York (1994-1998). Calculations for all other States were done on the basis of data files provided by each State to the National Center for Health Statistics (NCHS), which has tabulated the entire national birth file by mother's place of residence.

^{b/} The change in percent unmarried (%) between the 1999 and 2001 eligibility periods for California, Connecticut, Nevada, and New York do not reconcile with figures from previous periods because of the use of adjusted birth data for these states for certain years (i.e., estimates of the percent unmarried for 1996-1997 differ between the 1999 and the 2001 bonus eligibility periods).

Source: Division of Vital Statistics, NCHS, from published birth data and special tabulations provided by California, Nevada, and New York City. Separate tables are available from NCHS for the adjusted birth data for California, Nevada, and New York City.

V. Conclusions

In this section, we summarize key findings and conclusions from our review of activities in the 50 states, as well as our discussions with the nine study states. We consider key findings from the overview of state activities first.

A. Overview of State Activities

- **A majority of states have taken advantage of most welfare provisions intended to reduce nonmarital births.**

Nearly all eligible states and territories (53) have applied for, and received, Title V Section 510 abstinence education funds.³⁸ The large majority of states (39) have eliminated all three of the two-parent rules (i.e., the 100-hour rule, the 30-day waiting period, and the work history rule), which some critics have said discourage marriage among couples for whom the application of such rules would hurt eligibility for benefits. About half of states (23) have implemented family caps, and about half (24) have linked TANF and pregnancy prevention programs.

- **State TANF expenditures for pregnancy prevention and two-parent family formation activities have been modest.**

Just more than half of states (28) spent some portion of federal TANF and state MOE funds for pregnancy prevention activities, and about one-quarter of states (13) spent some portion of these same funds for two-parent family formation activities. State expenditures for pregnancy prevention and two-parent family formation activities averaged 0.4 % and 0.5%, respectively, of federal TANF and state MOE spending. The proportions in individual states ranged considerably, from 0% to 21%.

- **States generally emphasize programs for teens (rather than adults).**

Just more than half of all states (29) reported policies requiring or encouraging school-based pregnancy prevention programs, and 26 states offer youth development initiatives. Among services offered to adults, the most prevalent include improving access to contraceptive services (33 states) and efforts to encourage abstinence before marriage (14 states).

B. Experiences of Study States

- **Both the level of activity and the level of funding directed toward efforts to reduce nonmarital childbearing have increased among study states since the passage of PRWORA.**

Welfare reform can be linked to expansions in nonmarital birth prevention activities in every state due to the flexibility of TANF's grant provisions and the availability of TANF funds due to

³⁸ Includes the District of Columbia, and the territories of Guam and the Virgin Islands; excludes California.

declining welfare rolls. However, officials in a number of states warned of potential program contraction as a result of shrinking budgets due to the recent recession.

Officials in a number of states report increased efforts at inter-agency collaboration at the policy level, resulting in cooperative efforts to identify and develop programs to reduce nonmarital childbearing. In addition, states report that the shift from AFDC to TANF has led to increased collaboration among a variety of offices (e.g., TANF, education, labor) as states have worked to improve programs and link TANF recipients with services to help move them from welfare to work.

Nearly all states report having increased efforts in collaborating with local communities and CBOs in the development of delivery of nonmarital and teen pregnancy prevention policies since passage of PRWORA, especially to deliver abstinence education services.

- **It is unclear to what extent states might have increased pregnancy prevention efforts (excluding those efforts explicitly linked to PRWORA or TANF, such as Title V Section 510 abstinence education, family cap policies, and statutory rape education) regardless of the passage of PRWORA.**

Three states (Maryland, Massachusetts and New York) convened pregnancy prevention task forces and/or implemented teen pregnancy prevention initiatives following the passage of PRWORA. Officials in these states, however, indicated that much of the work leading up to these efforts was initiated prior to the passage of the law, and reflects their respective states' long-standing efforts to reduce teen pregnancy rates.

Substantial efforts to reduce teen and unintended pregnancy were underway in many of the states prior to welfare reform. For example, competitive grant programs to support community-based teen pregnancy prevention programs were underway in Massachusetts and New York prior to welfare reform, and reductions in rates of teen and unintended pregnancy have been ongoing priorities for many state health departments.

While all study states provide access to family planning services for both teens and adults, most states did not identify a link between the existence of these programs, or increases in efforts to deliver program services, and passage of PRWORA. Rather, most states identified family planning services as within the set of basic health care services. States that refer welfare clients for family planning services, however, think of the referral process as linked to PRWORA.

- **States have access to and prioritize program models that focus on teens and males.**

Officials in a number of states say they emphasize teen births because the very large majority of such births occur out-of-wedlock, the teen population is relatively easy to reach through existing links to program providers, and because states have generally had success in building consensus around the importance of preventing teen pregnancy.

All but one state (Arizona) engage in one or more efforts to develop and deliver programs to males designed to decrease the likelihood of fathering a child out of wedlock, consistent with PRWORA's emphasis on male responsibility.

Some states are interested in providing additional pregnancy prevention services to adults, but lack access to effective and acceptable models. A number of states indicated that they also lack good models for delivering assistance to hard-to-serve populations, such as people with disabilities, immigrants and others who do not read or speak English. With access to such models, states would likely increase efforts to serve these populations.

- **Officials in nearly all study states said that potential availability of the bonus had little, if any, impact on state efforts to reduce nonmarital childbearing, and among study states receiving the bonus, only one of three directed bonus funds toward nonmarital pregnancy prevention activities.**

Many state officials perceive the bonus outcome measure as either inappropriate or relatively difficult to influence, or both, discouraging attempts to do so.

The impact of bonus receipt is blunted when a state legislature does not direct bonus funds toward nonmarital pregnancy prevention activities, thus reducing the motivation of state agencies to expand programs and pursue further bonus receipt.

The bonus is non-recurring, so states that win cannot, with confidence, plan to include future bonuses in the state budget. This limits the ability of states to develop long-term programmatic or staffing plans linked to bonus receipt.

Among repeat winners, declines in nonmarital birth ratios are flattening, despite steady (or increasing) activity over the years. In addition, changes in ratios from one year to the next are large in some states. Together, these circumstances suggest that changes in the nonmarital birth ratio might be associated with changes in one or more unobserved state characteristics in addition to any impact of any particular set of interventions.

References

- Administration for Children and Families (2000). *TANF Program Expenditures in FY 2000*. Washington, DC: Department of Health and Human Services. Available online at: <http://www.acf.dhhs.gov/programs/ofs/data/q400/index.htm>
- American Public Human Services Association (1999). *State Teen Pregnancy Prevention and Abstinence Efforts: Survey Results on the Use of TANF and Title V Funds*. Washington, DC.
- Arizona Department of Health Services (undated). *Abstinence Only Education Program: Program Summary* (Phoenix, AZ).
- Bureau of Family and Community Health (2000). *The Challenge Fund Teen Pregnancy Prevention Statewide Annual Report (July 1996 – June 1997)* (Boston, MA: Department of Health). March.
- Center for Maternal and Child Health (undated). *Maryland Teen Pregnancy Prevention* (Annapolis, MD: Department of Health and Mental Hygiene).
- Chavkin, Wendy, Tammy A. Draut, Diana Romero, and Paul H. Wise (2000). “Sex, Reproduction and Welfare Reform,” *Georgetown Journal on Poverty Law & Policy*, Volume VII, No. 2.
- Child Trends (1999). *Facts at a Glance*. Washington, DC.
- Child Trends (2001). *Facts at a Glance*. Washington, DC.
- Committee on Ways and Means, and House of Representatives, U.S. (2000). *2000 Green Book*. Washington, DC: U.S. Government Printing Office.
- Curtin, Sally C. and Joyce A. Martin (2000). “Births: Preliminary Data for 1999.” *National Vital Statistics Reports* Volume 48, Number 14. August 8.
- Department of Economic Security (2001). *State of Arizona State Plan for Temporary Assistance for Needy Families* (Phoenix, AZ).
- Department of Human Resources (1999). *Temporary Assistance for Needy Families TANF State Plan*. (Annapolis, MD). Available on line at: <http://www.dhr.state.md.us/fia/plan.pdf>
- Department of Public Welfare and Department of Education (2001). *ELECT (Education Leading to Employment and Career Training) Operational Guidelines* (Harrisburg, PA). November.
- Department of Public Welfare and Department of Education (2001). *ELECT Student Works (ESW): Afterschool Prevention Program* (Harrisburg, PA). October.
- Department of Transitional Assistance (2002). *Welfare Reform: Chapter 5 – Where We’ve Been and Where We’re Headed*. (Boston, MA). Available on line at: <http://www.state.ma.us/dta/dtatoday/reform/WelfareReform-Chapter5.htm>.

- Division of Family and Children Services (2001). *Georgia's Temporary Assistance for Needy Families State Plan* (Atlanta, GA: Department of Human Resources). December.
- Donovan, Patricia (1999). "The 'Illegitimacy Bonus' and State Efforts to Reduce Out-of-Wedlock Childbearing," *Family Planning Perspectives*, Volume 31, No. 2.
- Dye, Jane Lawler and Harriet B. Presser (1999). "The State Bonus to Reward a Decrease in 'Illegitimacy': Flawed Methods and Questionable Effects," *Family Planning Perspectives*, Volume 31, No. 3.
- Executive Office of Health and Human Services (2000). *State Plan for Assistance for Needy Families (TANF) Amendment*. (Boston, MA: Department of Transitional Assistance). April.
- Family Health Branch (1999). *Improving the Health of Georgia Women: Assuring Early Access to Women's Health Services* (Atlanta, GA: Department of Human Resources). December.
- Family Health Branch (2001). *Adolescent Health and Youth Development* (Atlanta, GA: Department of Human Resources). July.
- Family Health Branch (2001). *Adolescent Health and Youth Development: Nurturing Assets, Producing Achievements, and Building Accomplishments* (Atlanta, GA: Department of Human Resources). October.
- Family Health Branch (undated). One page summaries of services provided under the Youth Development Initiatives. (Atlanta, GA: Department of Human Resources).
- Gardiner, Karen N., Michael E. Fishman, Plamen Nikolov, and Stephanie Laud (2002). *State Policies to Promote Marriage: Preliminary Report*. Report prepared by The Lewin Group for the U.S. Department of Health and Human Services (Washington, DC).
- Garfinkel, Irwin; Sara McLanahan; Daniel Meyer; and Judith Seltzer (1998). *Fathers Under Fire: The Revolution in Child Support Enforcement (Working Paper #98-28)*. Princeton, NJ: Center for Research on Child Wellbeing.
- General Accounting Office (1998). *Teen Pregnancy: State and Federal Efforts to Implement Prevention Programs and Measure Their Effectiveness* (GAO/HEHS-99-4). Washington, DC.
- Georgia Department of Human Resources (undated). *Fact Sheet: Births to Teenagers in Georgia* (Atlanta, GA).
- Georgia Department of Human Resources (undated). *Fact Sheet: Right from the Start Medicaid* (Atlanta, GA).
- Georgia Department of Human Resources (undated). *Fact Sheet: The Georgia Family Planning Health Program* (Atlanta, GA).
- Georgia Department of Human Resources (1996). *Women's Health Survey: Georgia 1995*. (Atlanta, GA: Division of Public Health).

- Haskins, Ron, and Carol Statuto Bevah (1997). "Abstinence Education under Welfare Reform," *Children and Youth Services Review* 19, no. 5/6 (1997): 465-84. Washington, DC.
- HHS News (2001). "HHS Awards \$17.1 Million in Abstinence-Only Education Grants." Washington, DC: U.S. Department of Health and Human Services, July 6.
- HHS News (2002). "HHS Awards Grants Nationwide to Support Abstinence Education, Services to Teens." Washington, DC: U.S. Department of Health and Human Services, July 2.
- HRSA News (2001). "HHS Awards Four New Abstinence-Only Education Grants." Washington, DC: Health Resources and Services Administration, October 21.
- Health Resources and Service Administration (2002a). *Application Guidance for Section 510 of Title V of the Social Security Act: Fiscal Year 2003*. Rockville, MD: Division of State and community Health, Maternal and Child Health Bureau, U.S. Department of Health and Human Services, June.
- Health Resources and Service Administration (2002b). *2000 Annual Summary for the Abstinence Education Provision of the 1996 Welfare Law P.L. 104-193: Section 510 of Title V of the Social Security Act*. Rockville, MD: Division of State and community Health, Maternal and Child Health Bureau, U.S. Department of Health and Human Services, July.
- Hutson, Rutledge Q., Jodie Levin-Epstein (2000). *Linking Family Planning With Other Social Services: The Perspectives of State Family Planning Administrators*. Washington, DC: Center for Law and Social Policy.
- Levin-Epstein, Jodie (1998). *Individual Responsibility Agreements and TANF Family Life Obligations*. Washington, DC: Center for Law and Social Policy.
- Martin, Joyce A.; Brady E. Hamilton, Stephanie J. Ventura (2001). "Births: Preliminary Data for 2000," *National Vital Statistics Reports*, Vol. 49., No. 5, July 24.
- Martin, Joyce A; Brady E. Hamilton; Stephanie J. Ventura; Fay Menacker; and Melissa M. Park (2002). "Births: Final Data for 2000," *National Vital Statistics Reports*, Vol. 50, No. 5, February.
- Martin, Joyce A; Melissa M. Park; and Paul D. Sutton (2002). "Births: Preliminary Data for 2001," *National Vital Statistics Report*, Vol. 50, No. 10, June 6.
- Maryland Office of Maternal Health and Family Planning (1999). *Healthy Teens and Young Adults* (Annapolis, MD: Department of Health and Mental Hygiene).
- Maryland Office of Maternal Health and Family Planning (2000). *Fact Sheet: Teen Pregnancy Prevention* (Annapolis, MD: Department of Health and Mental Hygiene).
- Maryland Office of Maternal Health and Family Planning (2000). *Three-For-Three Condom Distribution Program* (Annapolis, MD: Department of Health and Mental Hygiene).

- Maryland Office of Maternal Health and Family Planning (undated). *Fact Sheet: Maryland State Family Planning Program* (Annapolis, MD: Department of Health and Mental Hygiene).
- Maternal and Child Health Needs Assessment: Issue Paper* (undated). Document provided by the Department of Family Services (Cheyenne, WY).
- National Center for Health Statistics (2002). *Health, United States, 2002*. Hyattsville, MD.
- Office of Child Support Enforcement (1998). *Child Support Enforcement: Twenty-third Annual Report to Congress*. Washington, DC: Administration for Children and Families.
- Office of Temporary and Disability Assistance (1999). *State Plan: Outline of the General Provisions of its Temporary Assistance for Needy Families (TANF) Program*. (Albany, NY).
- Office of Youth and Adolescent Development (undated). *Abstinence Education Media Campaign*. (Boston, MA: Department of Public Health). Available on line at: <http://www.state.ma.us/dph/bfch/oyad/abstin.htm>.
- Office of Youth and Adolescent Development (undated). *Teen Challenge Fund*. (Boston, MA: Department of Public Health). Available on line at: <http://www.state.ma.us/dph/bfch/oyad/tcf.htm>.
- Office of Youth and Adolescent Development (undated). *Young Men's Initiative*. (Boston, MA: Department of Public Health). Available on line at: <http://www.state.ma.us/dph/bfch/oyad/yimi.htm>.
- Purpose of the Abstinence Education Project* (undated). One-page summary provided by the Department of Family Services (Cheyenne, WY).
- State Policy Documentation Project (1999). Washington, DC: Center for Law and Social Policy and the Center on Budget and Policy Priorities. Available on line at: <http://www.spdp.org/>
- Stolzfus, Emilie, Vee Burke, and Gene Falk (2000). "Welfare Reform: State Programs of Temporary Assistance for Needy Families (TANF)," *CRS Report for Congress* (RL30695). Washington, DC: Library of Congress, Congressional Research Service.
- Task Force on Out-of-Wedlock Pregnancies and Poverty (2001). *Renewing Partnerships in the 21st Century: Final Report to Governor George F. Pataki from the Task Force on Out of Wedlock Pregnancies and Poverty*. (Albany, NY).
- Unintended Pregnancy Prevention Task Force (2001). *Abstinence-Only Education Resources Available* (News Release) (Laramie, WY).
- Unintended Pregnancy Prevention Task Force (undated), *Intendedness Matters*. Document provided by the Department of Family Services (Cheyenne, WY).
- United States Census Bureau (1999). *America's Families and Living Arrangements: March 1999 (Detailed Tables from the Current Population Survey)*. (Washington, DC.)

- United States Census Bureau (2000). *America's Families and Living Arrangements: March 2000 (Detailed Tables from the Current Population Survey)*. (Washington, DC.)
- Urban Institute, The (2000). *Welfare Rules Database*. Washington, DC. Access date: July 2002. Available: <http://www.urban.org/content/Research/Databases/Databases.htm>.
- Ventura, SJ (1995). "Births to Unmarried Mothers: Unites States, 1980-92," *Vital and Health Statistics Series 21*, No. 53. National Center for Health Statistics
- Ventura, Stephanie J. and Christine A. Bachrach (2000). "Nonmarital Childbearing in the United States, 1940-99," *National Vital Statistics Reports*, Vol. 48, No. 16 (Revised), October 18.
- Ventura, Stephanie J.; Joyce A. Martin, Sally C. Curtin; and T.J. Mathews (1999). "Births: Final Data for 1997," *National Vital Statistics Reports*, Vol. 47, No. 18, April 29.
- Ventura, Stephanie J.; Joyce A. Martin, Sally C. Curtin; T.J. Mathews; and Melissa M. Park (2000). "Births: Final Data for 1998" *National Vital Statistics Reports*, Vol. 48, No. 3, March 28.
- Ventura, Stephanie, J.; Joyce A. Martin; Sally C. Curtin, and T.J. Mathews (1997). "Report of Final Natality Statistics, 1995," *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement, June 10.
- Ventura, Stephanie, J.; Joyce A. Martin; Sally C. Curtin, and T.J. Mathews (1998). "Report of Final Natality Statistics, 1996," *Monthly Vital Statistics Report*, Vol. 46, No. 11, Supplement, June 30.
- Ventura, Stephanie, J.; Joyce A. Martin; Selma M. Taffel; T.J. Mathews; and Sally C. Clarke (1995). "Advance Report of Final Natality Statistics, 1993," *Monthly Vital Statistics Report*, Vol. 44, No. 3, Supplement, September 21.
- Ventura, Stephanie, J.; Joyce A. Martin; T.J. Mathews; and Sally C. Clarke (1996). "Advance Report of Final Natality Statistics, 1994," *Monthly Vital Statistics Report*, Vol. 44, No. 11, Supplement, June 24.
- Welfare Oversight Committee (2000). *Recommendations for 2001: Report to the Colorado General Assembly* (Research Publication No. 478). Denver, CO.
- Wertheimer, Richard, Justin Jager, and Kristin Anderson Moore (2000). "State Policy Initiatives for Reducing Teen and Adult Nonmarital Childbearing: Family Planning to Family Caps," *New Federalism: Issues and Options for States* (Series A, No. A-43). Washington, DC: Child Trends and the Urban Institute.
- White House (2002). *Working Toward Independence: The President's Plan to Strengthen Welfare Reform*. Washington, DC. Available on line at: <http://www.whitehouse.gov/news/releases/2002/02/welfare-reform-announcement-book.html>